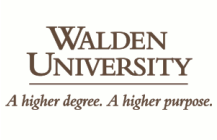

2017

Roles of Social Workers at a Dialysis Center: An Action Research Project

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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MSW, Stephen F. Austin State University, 2013

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Project Submitted in Partial Fulfillment

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Abstract

People with end-stage renal disease have higher rates of mental health diagnoses due to sudden changes in health status, lack of effective support systems, and diminished survival rates. The purpose of this action research study, and research question posed, centered on how dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses. An interview guide was used to gather data by facilitating 3 focus groups with 7 dialysis social workers in a rural town in Texas. The theory of planned behavior was used to inform clinical social workers' understanding of their roles and responsibilities when interfacing with patients displaying symptoms of mental illnesses. A thematic analysis coding technique was used to analyze the data collected. Solutions explored included (a) increasing education efforts with interdisciplinary team members on the importance of consulting with the social worker on ways to identify and respond to patients with mental illnesses, and (b) ways to increase teammate support within the dialysis setting. This study clarifies dialysis social workers' roles and responsibilities when responding to dialysis patients with mental illnesses and guides them to enhance the capacity of the multidisciplinary dialysis team by improving inter-professional communication. The implications for social change through enhanced continuing education efforts designed to increase social work engagement and effective communication strategies within interdisciplinary teams are discussed. These social change efforts aim to enhance the overall wellbeing of dialysis patients with co-occurring mental health illnesses in rural settings.

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Section 1: Foundation of the Study and Literature Review

People with end-stage renal disease have higher rates of mental health diagnoses due to sudden changes in health status, lack of effective support systems, and diminished survival rates (Boudreau & Dubé, 2014). The number of individuals living with end-stage renal disease is steadily rising, and a significant need exists for a standardized understanding and measurable definition of quality of life (Boudreau & Dubé, 2014). Researchers have found that clients living with end-stage renal disease have significantly poorer outcomes compared with the general population (Boudreau & Dubé, 2014). According to Cukor et al. (2013), depression is one of the most common types of mental illness associated with patients with end-stage renal disease; their study identified a need for more focused studies on patients with end-stage renal disease.

In my study, I address the current gap in research pertaining to the roles of social workers when providing consultation to interdisciplinary team members, specifically as it relates to properly identifying and responding to patients displaying symptoms of mental illness. Historically, social workers have played a central role in the interdisciplinary care of patients with end-stage renal failure (Craig et al., 2016). Social workers can provide care vital to patients in this population because their training includes assessing and treating mental health conditions, providing psychosocial support, offering referral services to community resources, and supporting the patient's family system (Craig et al., 2016). Furthermore, social workers at dialysis centers provide a necessary link among dialysis personnel, multidisciplinary teams, and the patient (Craig et al., 2016). Social workers can also consult with team personnel on how to identify and respond to patients

with mental illness (Craig et al., 2016; Davis et al., 2015; Stanhope, Videka, Thorning, & McKay, 2015).

The challenge for many multidisciplinary teams at dialysis centers is a lack of information and training on how to support patients coping with end-stage renal failure who also exhibit symptoms of mental illness (Supiano & Berry, 2013). One group of researchers found difficulties can arise from divergent views and approaches of the various professionals who are expected to collaborate on a team (Irajpour, Alavi, Abdoli, & Saberizafarghandi, 2012). Conversations between dialysis team members and patients about end-of-life planning are uncommon when team members lack training on how to communicate prognostic information (Eneanya et al., 2015). Quality improvement initiatives in chronic kidney disease care by interdisciplinary care teams are needed (Johns, Yee, Smith-Jules, Campbell, & Bauer, 2015). Johns et al. (2015) outlined how interdisciplinary care clinic teams should work together to provide effective care to patients with chronic kidney disease. Johnstone (2015) asserted that as part of the interdisciplinary team, nephrology social workers can help identify underlying causes of patient nonadherence and other psychosocial barriers, which are often complex and lead to frequent patient hospitalizations.

As a social worker providing services to patients and families at a dialysis center, I have observed that social work personnel do not exhibit a consistent comprehensive response to patients demonstrating symptoms of mental illnesses. Many of the interdisciplinary team members at the dialysis center verbalized their frustration about their inability to interface appropriately with patients who have a mental health diagnosis

or display symptoms of mental impairment. My goal in conducting this action research study was to understand the clinical social workers' perception of roles and responsibilities related to assuring appropriate delivery of services from the various disciplines involved in patient care. I met with clinical social workers from various dialysis centers in a rural region of Texas to obtain their insights on this clinical social work practice problem.

The action research methodology aligns with the profession of social work as I explored their roles and responsibilities when providing consultation to the interdisciplinary team members. In our discussions, I asked participants how they respond to patients with mental health symptoms. The goal of this action research project was to foster positive social change in the rural community by offering insights into the roles that dialysis social workers can play in the care of dialysis patients displaying symptoms of mental illness.

I used focus groups to understand how social workers at dialysis centers in a rural region of Texas perceived their roles in providing consultation to interdisciplinary team members. My goal with this action research study was to understand the clinical social workers' perceptions of roles and responsibilities related to assuring appropriate delivery of services from the various disciplines involved in patient care. These focus group discussions with clinical social workers enabled me to gain a better understanding of the clinical social work practice problem. It also allowed the clinical social workers I met with to voice their opinions, thoughts, and ideas on the roles of social workers who interact with patients at dialysis centers with mental illnesses.

In the first section of this study, I provide a summary of the purpose of my action research project, followed by a review of salient historical and current literature that gives a contextual framework for the identified problem. In the research design section, I discuss the methods and data collection tools that I used as well as the analysis of findings. In the concluding section, I summarize the findings and recommend solutions to the social work practice problem that is the focus of this study.

Problem Statement

Patients with end-stage renal disease experience a variety of health problems while receiving dialysis services (Naqvi, 2015). According to Feroze, Kopple, Martin, Patton, and Zadeh (2010), symptoms of mental health illnesses are prevalent among patients with end-stage renal disease, placing them at increased risk. These symptoms, if not addressed proactively, can become chronic and debilitating (Feroze et al., 2010). Depression is one of the most common mental health problems reported in patients with end-stage renal disease (Erdley et al., 2014; Naqvi, 2015), as is anxiety (Culpek, Mete, Oyekcin, & Sahin, 2012). Unfortunately, interdisciplinary team members frequently do not recognize these problems and they therefore remain untreated comorbid disorders (Finkelstein & Finkelstein, 2015; Oyekcin et al., 2012; Preljevic et al., 2012). Researchers have found that in older patients in particular, depressive symptoms remain underreported and misdiagnosed (Erdley et al., 2014).

Social workers are an asset to patients with end-stage renal disease because they possess the skills and resources required to help those in need of mental health services. In this action research project, I sought to understand the social work practice problem of

clinical social workers' comprehensive responses when interacting with patients who are on dialysis and have a mental illness. The identified *stakeholders* and *participants* of this action research project were the clinical social workers involved in patient's medical care at dialysis centers throughout a rural region of Texas. In this action research project, I define *clinical social workers* as licensed professional health care workers employed at dialysis centers and trained to help patients and families in all aspects of their life. I use the term *mental illness* as defined by the National Alliance on Mental Illness (2016), which says that mental illness is a condition that affects a person's thinking, feeling, or mood. Symptoms of mental illness can affect how a person relates to others and how well they function (National Alliance on Mental Illness, 2016). For the purposes of this action research project, the term *mental illness* primarily refers to depression and anxiety.

This study was inspired by the research of Jones, Nijman, Ross, Ashman, and Callaghan (2014), who found that dialysis patients have a higher percentage of mental illnesses compared with those not receiving dialysis and that more than 44% of patients in the beginning stages of dialysis meet the criteria for depression. Yet members of the interdisciplinary team caring for such patients often misunderstand the roles of social workers in addressing, interacting, and intervening with patients and families with mental health concerns. For clinical social workers to have the proper influence, first they must understand their own roles as consultants to interdisciplinary team members regarding the care of patients displaying psychological distress.

Many researchers have articulated a need for better understanding of roper identification and response to dialysis patients with mental illness symptoms (Erdley et

al., 2014; Feldman et al., 2013). For example, Feldman et al. (2013) found dialysis interdisciplinary team members were often unaware of the extent of mental illness in dialysis patients and failed to properly assess or treat symptoms such as fatigue, trouble sleeping, or depression, as well as patient-reported reduced quality of life. Feldman et al. identified the following three barriers to appropriate treatment of symptoms: (a) provider's unawareness of symptoms; (b) provider's uncertainty as to whose responsibility it is to treat symptoms, and (c) inherent difficulty in managing such symptoms.

The overarching goal of dialysis centers is to have interdisciplinary team members collaboratively assess and stabilize patients while providing resources to patients (and families) for their biopsychosocial needs. However, effective collaboration does not always occur, and the patient's biopsychosocial needs may remain unaddressed. Instead, as Feldman et al. (2013) reported, multidisciplinary teams are more likely to be reactive rather than taking proactive measures when working with end-stage dialysis patients.

Several authors have discussed the potential biopsychosocial harm or consequences of not treating mental health conditions among patients with end-stage renal disease, such as increased morbidity and mortality (Hedayati, Yalamanchili, & Finkelstein, 2012). Developing such effective interventions and treatment strategies requires a better understanding of how social workers perceive their roles as consultants to interdisciplinary team members. A better comprehension of their responsibilities can

improve the team's response to patients displaying symptoms consistent with mental health distress.

In my role as a dialysis social worker, I have found that social workers seldom receive consultation referrals to assess and treat patients' mental health conditions. Lack of such proactive strategies limits the role and intervention of the dialysis social worker. To remedy this situation, social workers must develop protocols or processes that will inform interdisciplinary team members how to best respond to patients with mental illness and those displaying symptoms consistent with psychological impairment. The outcomes of my action research project can help guide clinical social workers at multiple dialysis clinics throughout a rural region of Texas to do this.

Cukor et al. (2013) discussed how proper assessment and intervention improves the quality of life among hemodialysis patients. Another author reviewed the relationship between psychosocial interventions and treatment effectiveness in the end-stage renal disease patient population and found that early intervention, education, and psychosocial support had positive effects on patients' outcomes such as increased well-being (Callahan, 2011). According to the National Association of Social Workers *Standards for Clinical Social Work in Social Work Practice* (2008), social workers who deliver clinical services have a responsibility to provide their clients with competent psychosocial interventions.

Purpose Statement and Research Question

My study helps promote the type of ethical conduct mandated by the National Association of Social Workers through eliciting information pertinent to better social

work practices. The purpose of my study was to develop an understanding of how dialysis clinical social workers perceive their roles within the interdisciplinary team as far as identifying and responding to patients with mental illnesses. The research question I pose in this action research project was: How do dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses? This research question helped me to understand the clinical social work practice problem of clinical social workers' comprehensive responses when interacting with patients who are on dialysis and have a mental illness. The goal of my action research project was to improve professional practice through information gained from focus group discussions on this particular clinical social work practice problem, specifically within the rural Texas area studied.

To these ends, I sought to understand clinical social work practice problems by documenting local dialysis social workers' experiences and perspectives concerning the problems they encounter when relating to other professionals in the field. In addition, I include the insights of clinical social workers regarding these problematic areas.

Several studies have addressed interdisciplinary nephrology practices (Boudreau & Dubé, 2014; Craig et al., 2016; Davis et al., 2015). Unfortunately, researchers have not extensively explored the roles of social workers in this field. Therefore, I also used other studies of clinical social work in areas relevant to my study. For example, researchers have identified a lack of provider training in general about how to communicate prognostic data (Eneanya et al., 2015; Erdley et al., 2014). End-of-life care discussions are also limited between providers and this chronically ill population (Eneanya et al.,

2015; Erdley et al., 2014). Jackson (2014) discussed how social workers caring for end-stage renal disease patients are key members of the interdisciplinary team because of their person-centered approach to helping patients meet their fullest potential socially, vocationally, emotionally, and physically. However, other studies on the roles of social workers in this context are lacking, a lack that I hoped address in this study.

My study contributed to my own understanding of clinical practices by defining the problem from the perspective of social workers. The findings from my study can further social workers' professional development by enhancing their knowledge, problem-solving techniques, and ability to work collaboratively with others. The imperative to enhance the professional development and clinical competence of social workers in the field originated in the National Association of Social Workers' Code of Ethics (2008), which mandates that social workers have an ethical responsibility for their own professional growth by keeping informed of current research, theory, and techniques guiding their practice with vulnerable populations. In addition, the Council of Nephrology Social Workers' mission, as reported by the National Kidney Foundation, is to assist patients and their families in dealing with psychosocial stresses and lifestyle readjustments along with facilitating a treatment program to maximize rehabilitation potential (National Kidney Foundation, 2016). The foundation also supports the federal regulations governing end-stage renal disease reimbursement regarding standards for social work practice and the definition of a qualified social worker (National Kidney Foundation, 2016).

Outcomes of my research can influence clinical social workers by creating an atmosphere where they can collectively discuss this social problem and identify viable solutions and interventions. In particular, I focused on clinical social workers in the rural region of Texas who can effectively leverage the work of interdisciplinary team members, leading to improved outcomes for patients struggling with mental health concerns. Outcomes of my research will also inform my own clinical social work practice and improve my understanding of the complexities of this population.

Nature of Doctoral Project

Action research is a methodology useful for understanding complex social issues (Glanz, 2014). Action research had several benefits for my study, including enhanced decision making among clinical social workers and instilling a commitment to continuous improvement of the social issues, because such a methodology promotes self-reflection and self-assessment (Glanz, 2014). A benefit of my action research project is that it aligns with the profession of social work's ethical principles of embracing service to vulnerable populations, with an emphasis on incorporating the importance of human relationships (National Association of Social Workers, 2008). According to the National Association of Social Workers' Code of Ethics (2008), the ethical principle conveying social workers' primary goal is helping people in need by addressing prevailing social problems. My intention in conducting this action research project was to achieve this ethical principle by increasing awareness of the perceptions of social workers who address the needs of dialysis patients with symptoms of mental illness. I will use the findings of this study to assist clinical social workers in understanding their roles in providing services to patients

presenting with challenges related to mental illnesses, specifically those in end stages of renal failure.

Researchers ought to first identify the epistemological beliefs that contribute to their formal and informal knowledge building and consequently play a role in shaping their reasoning (Merriam, 2014). Epistemological frameworks reflect perspectives on the nature of knowledge (Merriam, 2014). The epistemological paradigm of this action research project related to how I understood and analyzed the data collected from the participants. In this action research project, the epistemological perspective was a constructivist perspective, because I believe in the co-construction of knowledge with others. Thus, I sought to understand the challenges social workers confront at dialysis centers by helping *them* define the problem.

I used action-focused groups to facilitate discussions with clinical social workers providing direct service to patients with end-stage renal disease. Piercy, Franz, Donaldson, and Richard (2011) suggested that focus groups involve an interactive group discussion of 4 to 12 people on a topic, within a permissive, nonthreatening environment. Researchers often conduct focus groups to understand participants' opinions about an issue using a synergistic, open-ended responsive format (Piercy et al., 2011). The cumulative effect of such group discussion often is the capture of rich ideas that may be impossible to ascertain through individual interviews or other quantitative methods (Piercy et al., 2011). My goal was to gain a greater understanding of the problem through listening as clinical social workers voice their opinions, thoughts, and ideas on their roles when providing services to dialysis patients with mental health concerns. My role in the

action-focused groups was to support the clinical social workers in exploring, first of all, the definition of the problem, and then exploring possible actions to enhance clinical social work practice in this area.

I use the words *stakeholders* and *participants* interchangeably throughout this study. The stakeholders in this action research project also served as the *colearners*. McNiff and Whitehead (2010) defined research participants as colleagues, students, or customers. I defined the *stakeholders* of this action research project as clinical social workers involved in patient medical care at dialysis centers throughout a rural region of Texas. McNiff and Whitehead (2010) further explained the role of a research participant as an individual who can provide information or feedback. Such a person would be available to help, support one's efforts, and remain open to innovative ideas (McNiff & Whitehead, 2010).

I facilitated focus groups to collect data from dialysis clinical social workers throughout a rural region of Texas. Each focus group session had seven participants. Before conducting the focus groups, I sampled the population by doing research about the different dialysis centers in the area and reaching out to the social workers that meet the criteria for the study. I expected full participation during each focus group session.

I conducted the focus groups online using Skype. My rationale for using Skype was the rural nature of the study area; distances between the dialysis clinics range from 30 to 120 miles. My responsibilities included scheduling each focus group meeting and prioritizing interview questions. In addition to allocating group discussion time to each topic area, I encouraged responses from each participant. During the focus group

sessions, I took general notes and audio-recorded the focus groups using two electronic devices in the event one might fail. To analyze the collected data, I used the process of *content analysis*, which I explain in depth in the section on data analysis. I stored all data on my computer, which is double-password protected. I stored backup data on an encrypted universal serial bus (USB) port, also password-protected; I will maintain all records for 5 years.

One limitation of this project was that my research only pertained to dialysis centers in a rural region of Texas, constraining transferability. The findings of this project may not specifically pertain to other dialysis centers outside this region. Another limitation of this project concerned the participants who attend the scheduled meetings and my expectation of them. I address these limitations further in the discussion section of this study. In addition, I approached this problem from a social work perspective. I did not include the views of other interdisciplinary team members who might have contributed additional information regarding the social work practice problem I was addressing. To address these limitations, I conducted the research with an open mind, consistently being aware of my need to be objective, while seeking to understand the extent of the problem from an academic perspective. While conducting the research, I sought to understand this as a social issue and approach it from a clinical and research perspective. I accounted for any biases, judgments, awareness, and events that emerged throughout the study in a detailed journal (Appendix A). In the next section, I discuss the theoretical framework for my action research project.

Significance of Study

The potential contributions of this project include advancing knowledge in the field of clinical social work by conveying clinical social workers' perceptions about helping to create social change opportunities while developing a more complete understanding of the extent of the problem. The study was relevant to the participants because it assisted them in understanding what the problem is from their perspectives as well as identifying feasible and sustainable interventions. The clinical social workers contributed to improving outcomes for a vulnerable population they commit to serving by answering questions, voicing concerns, and integrating their knowledge.

In this study, I addressed a current gap in research pertaining to the roles of social workers when providing consultation to interdisciplinary team members on properly identifying and responding to patients' displaying symptoms of mental illness. In addition, my findings enhanced the knowledge of all participants concerning the need to develop strategies to overcome existing barriers that prohibit clinical social workers from advancing the causes of their clients in dialysis centers. The outcomes of my research may improve treatment and service delivery for dialysis patients confronting challenges to their mental stability.

Social workers are a key component for the actualization of changes in treatment protocol in dialysis centers. They are often the link between dialysis patients and other interdisciplinary team members. Potential implications for positive social change from this study including assisting clinical social workers in understanding their roles and responsibilities in providing possible solutions while lessening stressors and burdens for

patients. In addition, the interdisciplinary team members may gain knowledge as to how to identify and deliver services to patients with mental illnesses. By allowing social workers to identify possible solutions, this study can have an effect on all interdisciplinary team members by inspiring thoughtful and intentional strategic planning.

Theoretical Framework

I used the theory of planned behavior to ground my study. Ajzen (1991) originally developed the theory of planned behavior out of the theory of reasoned action (Choi, 2012). Choi (2012) defines the *theory of planned behavior* as human behavior being a function of perceived behavioral control and intention. Researchers have used this theory to predict an individual's intentions to engage in behaviors at a specific time and place (Choi, 2012). I selected this theory because it provided a framework for approaching the often misunderstood conduct of dialysis patients.

Fitzpatrick and McCarthy (2014) discussed how researchers also use the theory of planned behavior to understand social phenomena. For example, Greaves, Stride and Zibarras, (2013) used the theory to explore environmental and behavioral intentions in a workplace setting. Gallagher and Updegraff (2012) integrated persuasion theories and the theory of planned behavior to help frame messages in health care communication. These authors discuss how persuasive messages motivate people to adopt and adapt their unhealthy behaviors in treatment settings (Gallegher & Updegraff, 2012). Likewise, my study assists clinical social workers in conveying their feelings and practices regarding the identified client population.

The theory of planned behavior relates to this action research project because personnel at the dialysis centers in the rural region of Texas express unfavorable beliefs about patient behaviors and often form opinions about patients without considering factors such as a patient's mental health status. In addition, the theory of planned behavior relates to this action research project because during the study, the interdisciplinary team members at dialysis centers in the rural regions of Texas conveyed beliefs that patients' behaviors were not socially desirable or appropriate, and, therefore, reacted inappropriately toward patients. This theory provides a framework that allows personnel to gain a better understanding of patient conduct. Furthermore, it aligns with my professional experiences.

In this action research project, I used the theory of planned behavior particularly to inform clinical social workers' understanding of their roles and responsibilities when providing consultation to the interdisciplinary team members on how to respond to patients with mental illness. As stated previously, social work personnel often express unfavorable reactions when working with patients who present a mental illness. According to the theory of planned behavior, the main antecedent of an individual's behavior is their intention toward the behavior (Greaves et al., 2013). Ifinedo (2012) explained that the theory supports the researcher in describing how attitudes, subjective norms, and perceived behavioral controls influence individual behaviors. The theory of planned behavior allowed me to connect the variables of the study, identifying the results of social work personnel actions to aid them in making better decisions in patient care.

Thus, using this theory guided my understanding of fundamentals human behavior in a dialysis setting.

Values and Ethics

The National Association of Social Worker's Code of Ethics (2008) is a set of principles to help guide social workers' professional conduct. In this action research project, I emphasized two core values related to clinical social work practice: service and recognizing the importance of human relationships (National Association of Social Workers, 2008). My research provides new information that can help guide ethical practices by social workers. The ethical principle of service states that a social worker's primary goal is to help people in need address a social problem. The other ethical principle is recognizing the importance of human relationships as a key factor when facilitating change in an organization (National Association of Social Workers, 2008). For example, the dialysis social worker can strengthen the relationship between agency personnel and patients by educating the staff on how to respond properly to patients displaying mental illness symptoms.

Furthermore, the Code of Ethics (National Association of Social Workers, 2008) identified several ethical principles that social workers need to consider in practice, including (a) pursuing social justice, (b) valuing the worth of a person, and (c) recognizing the importance of human relationships. These principles are at the foundation of social work professionalism and should guide clinical social work practice at dialysis centers and other settings in the community (National Association of Social Workers,

2008). These ethical principles help guide my current practice as a clinical social worker as well.

The action research project supported these values and principles as I sought to conduct research and contribute to the body of knowledge concerning clinical practices at dialysis centers while respecting the confidentiality of the participants and maintaining an honest and open relationship with them. I complied with the latter principle by requiring each participant to review the informed consent document and reply via email "I consent" before engaging in study-related activities. Such values are consistent with social work ethics pertaining to enhancing the well-being of individuals, families, social groups, organizations, and communities (National Association of Social Workers, 2008). The Code of Ethics also compels social workers to promote and facilitate evaluation and research, which contributes to the development of knowledge (National Association of Social Workers, 2008).

Review of the Profession and Academic Literature

A thorough review of the most recent literature, particularly literature published no later than 5 years ago, provided relevance of the social work problem and supported the need for conducting this study. I used Walden's Library and Google Scholar to locate articles related to this action research project. In Walden's Library, I searched for articles under the following search engines: (a) social work research, (b) databases: articles and more, (c) social work databases, and (d) socINDEX with full text. I used the following key terms to identify articles related to this study, which included (a) *mental illness*, (b) *mental health*, (c) *dialysis*, (d) *social workers*, (e) *social workers providing consultation*,

(f) *roles and responsibilities*, (g) *end-stage renal disease*, (h) *nephrology*, (i) *identify*, (j) *respond*, and (k) *interdisciplinary team members*. The key terms identified best suited in locating articles related to my research topic. The purpose of my study was to develop an understanding of how dialysis clinical social workers perceive their roles within the interdisciplinary team as far as identifying and responding to patients with mental illnesses. The research question I addressed was: How do dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses? As part of this project, I conducted a thorough literature review.

Berry and Supiano (2013) and Feldman et al. (2013) discussed the unaddressed mental health needs of patients receiving dialysis. Some of the identified mental health needs include depression and anxiety (Finkelstein & Finkelstein, 2015; Oyekcin et al., 2012; Preljevic et al., 2012). The research conducted by Sanathan et al. (2014) found high rates of depressive symptoms among 126 patients with end-stage renal disease receiving dialysis treatments. However, none of the participants in the study had received treatment to address the depression (Sanathan et al., 2014). It is vital for professionals to act quickly and identify symptoms of mental health illnesses in patients so that they can provide proper treatment. Understanding of a social worker's roles in this regard can contribute to identification and treatment of depression in the early stages of kidney disease. Early detection is important because it contributes to improved recovery, treatment adherence, and quality of life (Sanathan et al., 2014).

Literature Review Related to Concepts

A review of the literature suggested a need for social workers and other interdisciplinary team members to work together, ensuring identification and treatment of patients suffering from mental health illnesses (Aslani, Chen, & Chong, 2013; Craig et al., 2016; Strand & Parker, 2012). Patients suffering from end-stage renal disease may present with symptoms of mental illness, such as depression, which often goes untreated (Chiang et al., 2015; Haverkamp et al., 2016; Uglešić et al., 2015; Zhang et al., 2014). Only 40% of patients receive adequate mental health treatment in primary care settings (Craig et al., 2016). Other researchers have documented the need for clinical social workers to work closely with other interdisciplinary team members to improve the overall quality of health care services and patient health outcomes (Chan et al., 2014; García-Llana, Remor, del Peso, Celadilla, & Selgas, 2014; Maramaldi et al., 2014; Olagunju, Campbell, & Adeyemi, 2015). For this to happen, social workers need to understand their roles in providing consultation to interdisciplinary team members so they can offer appropriate services to dialysis patients presenting with mental illness symptoms.

Strength and Weaknesses of Researcher's Approach

The literature highlighted social workers' difficulties when attempting to engage in interdisciplinary collaboration and practices for providing the best available care to vulnerable populations (Maramaldi et al., 2014). Although social workers experienced challenges when trying to develop interventions aimed at health promotion and disease prevention, researchers revealed that successful collaborations between the social worker and interdisciplinary team members improved service delivery outcomes (Berry, 2013; Maramaldi et al., 2014; Owens, 2015; Sangster-Gormley, 2015; & Supiano).

Additionally, researchers suggested better education of social work students to ensure that those intending to provide health care-related services have the competencies essential for high-quality interdisciplinary palliative care practice (Berry & Supiano, 2013). One of the strengths identified is social work students gain a deeper understanding of their roles, knowledge, and scope of practice in relation to other disciplines (Berry & Supiano). However, the researchers found that although the students received information on competencies required to provide high-quality interdisciplinary palliative care practice, they were nervous about being the only social worker on the interdisciplinary team once they graduated and began working in clinical practice settings (Berry & Supiano).

Concepts Studied in this Project

My goal in conducting the research on this topic was to provide insight into how social workers at dialysis centers in a rural region of Texas perceive their roles in providing services to patients with mental illnesses and those displaying symptoms, which could lead to a clinical diagnosis. The objective was to document the perceptions of clinical social workers as they interface with interdisciplinary team members to provide information on how to properly identify and respond to patients displaying symptoms of mental illnesses. Prior researchers have suggested that social workers can play a vital role in the amelioration of factors associated with anxiety and depression as members of interdisciplinary health teams (Craig et al., 2016).

Literature Related to Mental Illness and Depression

Patients suffering from end-stage renal disease have a higher chance of developing a mental illness such as depression (Baykan & Yargic, 2012; Chilcot et al., 2013; Nabolsi, Wardam, & Al-Halabi, 2015). There are a variety of factors that could lead to such a diagnosis, which include multiple losses of (a) family and work, (b) sexual function, and (c) time and mobility. Such factors significantly affect the lives of patients; coupled with medication effects, dietary constraints, and dependency upon treatment, they can result in psychological distress (Chilcot et al., 2013). Although depression is a frequent comorbid disorder in dialysis patients, it often remains unrecognized and untreated (Preljevic et al., 2012).

The roles of social workers with respect to providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illness is not always clear. In fact, one group of researchers found that team members were uncertain as to whose responsibility it was to treat the dialysis patients' mental symptoms (Feldman et al., 2013). In some cases, the team members were unaware of those symptoms (Feldman et al.). Another group of researchers found the rate of suicide attempts is greater in dialysis patients than in the general population (Oyekcin et al., 2012). This higher rate of suicide attempts was due in part to lack of treatment for symptoms of mental health illnesses dialysis patients receiving treatment for end-stage renal disease experienced (Oyekcin et al.).

Gaps in the Literature

A review of empirical studies related to the goal and objectives of my action research project uncovered little information on the roles of social workers in

interdisciplinary teams. Social workers support patients' psychological, social, and medical needs by identifying the various facets of their lives, which be influencing their health (Craig et al., 2016; DePasquale et al., 2012; Marlow et al., 2016; Merighi, 2014). But the actual roles social workers play in providing consultation to interdisciplinary team members is understudied.

Thus, there is a gap in the literature related, specifically, to how clinical social workers perceive their own role when providing consultation to interdisciplinary team members regarding how to properly identify and respond to patients presenting with symptoms related to mental illnesses. In particular, I identified a lack of literature related to this social work practice issue in the field of nephrology. There are studies that are similar in research that explains the roles of social workers but does not explicitly address this action research topic. For example, current nephrology literature describes the roles of social workers but does not specifically address the perception social workers have concerning their roles when providing consultation to other members of the interdisciplinary team (Jackson, 2014). Furthermore, Jackson (2014) described social workers as an essential aspect as members of the interdisciplinary team because they take a person-centered approach to helping patients meet their fullest potential socially, vocationally, emotionally, and physically. Additionally, the roles and responsibilities of social workers are complex as social workers are responsible for counseling, education, case management, and crisis intervention (Jackson, 2014). Although the roles and responsibilities of social workers are evident in research, there is a gap in the literature associated with the understanding of the social workers' roles in providing consultation to

interdisciplinary team members on how to identify and respond to patients presenting with symptoms of mental illnesses. Further exploration is needed to determine contributing factors related to other members of the interdisciplinary team not consulting with the social worker concerning identifying and responding to patients presenting with symptoms of mental illnesses.

Seven dialysis social workers met via Skype in three focus group sessions to gain an understanding of their roles and responsibilities related to assuring appropriate delivery of services from the various disciplines involved in patient care and in-turn foster social change within the rural region of Texas. In the focus group sessions, participants discussed the social work problem and identified possible solutions. The data collected in the focus group sessions may assist in addressing the gap in the literature that specifically addresses the roles and responsibilities of social workers in providing consultation to other members of the interdisciplinary team on how to identify and respond to patients presenting with symptoms of mental illnesses.

Summary

The research question I posed in this action research project was, *how do dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses*? Social workers need to have a clear understanding of what their roles and responsibilities are as consultants to interdisciplinary team members regarding patients with mental health challenges. Research suggests that the expectations people have of social workers, and those social workers hold of themselves, can negatively affect their

patients' well-being in cases of stress, strain, and other negative workplace experiences (Fiabane, Giorgi, Sguazzin, & Argentero, 2013; Graham & Shier, 2014; Merighi, 2013). Graham and Shier (2014) describe a range of ways such expectations influence the perceived well-being of social workers, along with methods to navigate the negative effects (Graham & Shier, 2014). My study was designed to fill the identified gap in the research.

Section 2: Research Design and Data Collection

The purpose of my study was to develop an understanding of how dialysis clinical social workers perceive their roles within the interdisciplinary team as far as identifying and responding to patients with mental illnesses. The research question I addressed was: How do dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses? In this section, I describe the background and context of the study, methodology, sources of data, and ethical procedures, and I provide a summary of the data collection process. The background and context discussion provides a detailed description of the clinical social work practice problem as defined by professional practitioners. I also address how this project can help empower clinical social workers along with my role in the project. In the methodology section, I explain the specific procedures and strategies I used for identifying and recruiting participants. Following that, I describe the overall methods for collecting data, provide the questions I posed to identify existing data, and describe the steps I took in the analysis process. Finally, I provide a brief description of the procedures I used to ensure the ethical protection of participants, concluding with a summary of the entire process.

Research Design

The social work practice problem I defined was to seek an understanding of the clinical social workers' comprehensive responses when interacting with patients who were on dialysis and had a mental illness. The research question I posed in this action research project was: How do dialysis clinical social workers perceive their roles in

providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses? Participants' statements suggested that many of the personnel at some dialysis centers have verbalized frustration about interfacing with patients who have a mental health diagnosis or a mental health issue. In this action research project, I wanted to understand the social workers' roles in providing consultation to the interdisciplinary team members on how to properly identify and respond to patients with mental illnesses.

The nature of this study was to focus the attention on the issue while giving background information on the need for the research (McNiff & Whitehead, 2010). Stringer (2014) added that this section should help the reader understand the story's setting, the people involved, and other relevant background information. The overall approach for conducting this study was to improve clinical social workers' understanding of their professional roles and responsibilities when providing consultation to other members of the interdisciplinary team on how to respond to patients with mental illnesses. The findings of this action research project may allow clinical social workers to gain a better understanding of this clinical social work problem and thus foster change in dialysis centers throughout a rural region of Texas.

The purpose of this study aligns with the methodology by facilitating focus group sessions to understand the clinical social workers' perception of roles and responsibilities related to assuring appropriate delivery of services from the various disciplines involved in patient care, thereby fostering social change within the rural region of Texas. According to the National Kidney Foundation (2016), chronic kidney disease is a

condition characterized by a gradual loss of kidney function with time. Approximately 26 million American adults diagnosed with chronic kidney disease and millions of others that are at an increased risk of developing the disorder (National Kidney Foundation, 2016). Among those individuals diagnosed with chronic kidney disease, many are at an increased risk of developing mental illnesses such as depression (Erdley et al., 2014). Social workers can be the link between the interdisciplinary team members and patients to ensure remediation of patients' symptoms in a timely manner.

As discussed in Section 1, I have used the words *stakeholders* and *participants* interchangeably throughout this study. The stakeholders in this action research project also served as *colearners*. According to McNiff and Whitehead (2010), potential research participants may include work colleagues, students, or customers. I defined the *stakeholders* of this action research project as clinical social workers involved in patient medical care at dialysis centers throughout a rural region of Texas. A research *participant* is an individual who can provide information or feedback, someone who would be available to help, someone that will support patients' efforts, and someone open to new ideas (McNiff & Whitehead, 2010).

This action research project can help to empower the stakeholders by influencing their learning. According to McNiff and Whitehead (2010), the researcher trying to improve his or her practice begins with acquiring more knowledge. The usefulness of this lies in the extent to which the researcher has an influence on others' learning. In this action research project, I wanted to empower other clinical social workers to seek to

understand this clinical social worker problem for the betterment of themselves, interdisciplinary team members, and patients.

My role in this project entailed facilitating action-focused discussion groups to gain a greater understanding of the clinical social work problem. In creating topics for discussion, I sought to provide an open line of communication between the stakeholders and myself. To remain honest and transparent throughout this process, I reassured participants that any identifying information would remain confidential and had them sign an informed consent document. I thanked each participant for their participation throughout the entire study and confirmed whether they wished to receive the findings.

Methodology

Data Collection

I collected data by facilitating three structured focus groups. I met with each participant by Skype. The recording devices consisted of an iPhone and an audio recorder, each password protected. I used two recording devices to capture the participants' statements, in case one malfunctioned. Participants in each focus group described their experiences and presented their perspectives on the identified clinical social work issue explored in this study. The discussions lasted from 30 minutes to 1 hour. I continued facilitating the focus groups until a level of data saturation was achieved. Data saturation is reached when no new information is derived from the participants and responses become replicated and redundant (Marshall, Cardon, Poddar, & Fontenot, 2013). I used an interview guide (see Appendix D) to guide my inquiries with the participants. The rationale for using the interview guide was to ensure that the

data I collected from the participants addressed the overarching research question. Prompting them to follow up on questions I posed enhanced my understanding of the clinical social work issue by hearing more about their unique perspectives. I queried the group for additional information when necessary such as elaborating on a topic or understanding specific gaps. Their responses helped me gain an understanding of the social work practice problem by identifying viable solutions and interventions to address the problem.

Participants

The criteria for participation in this study were (a) being a licensed clinical social worker, (b) being employed at a dialysis center in a particular rural region of Texas, and (c) having training in assisting patients and families in all aspects of their lives. Participants that met the criteria were best suited to help answer the research question because they had knowledge and experience with the identified social work problem. Once I obtained Institutional Review Board (IRB) (11-18-16-0474095) approval, I contacted the seven social workers via telephone (see Appendix A for telephone script) and requested their participation in this action research study (Appendices A and B). I initially contacted all social workers that met the criteria for participation via telephone using the Texas State Board of Social Work Examiner's public website roster, https://www.dshs.texas.gov/socialwork/sw_search.shtm, and in the local telephone book listing under the dialysis center directory I sorted out potential participants by city and ZIP codes. I followed this up by sending an email invitation (see Appendix B). The email invitation included the informed consent, which was reviewed during the first contact.

Participants were provided with an opportunity to ask questions prior to signing the informed consent form. Once their questions were answered, participants electronically signed the informed consent form and forwarded it to me via email.

Owing to the rural region of Texas, I contacted seven dialysis social workers employed at each dialysis center. Currently, most dialysis centers have one social worker employed per clinic. The participants of this study reported they were the only social worker assigned to their dialysis center. All seven participants attended each focus group session. Each participant made schedule arrangements to attend the focus group sessions on the same day.

As discussed in the previous paragraphs, I used an interview guide (see Appendix D) to guide my inquiries with the participants. The rationale for using the practice focus questions as a guide was to ensure that the data I collected from the participants addressed the overarching research question. Prompting them to follow up on questions I posed enhanced my understanding of the clinical social work issue by hearing more about their unique perspectives and experiences. I queried the group for additional information when necessary such as elaborating on a topic or understanding specific gaps. Their responses helped me gain an understanding of the social work practice problem by identifying possible solutions and interventions to address the problem.

Instrument

Using the theory of planned behavior, I developed interview questions that would engage participants regarding the clinical social work question I sought to understand. The instrument consisted of three sections: (a) demographic information about the

participants, (b) exploring the problem definition, and (c) exploring possible solutions. I inquired about participants' experiences providing services to patients with mental illness and with the interdisciplinary team members when they asked about a patient's symptoms. The development of interview questions ensured the participants addressed each aspect of the social work problem. Also, based on the theory of planned behavior, I used the interview questions as a guide to gain an understanding of the participants' statements regarding the dialysis team members' attitudes, subjective norms, and perceived behavioral controls that influenced their behavioral intentions. For example, the interdisciplinary team members at dialysis centers in the rural regions of Texas conveyed attitudes and beliefs that patients' behaviors were not socially desirable or appropriate, and, therefore, reacted inappropriately toward patients. The theory of planned behavior provides a framework that allows team members to gain a better understanding of what factors impede them from seeking consultation from the dialysis clinical social worker when interfacing with patients displaying with symptoms of mental illness. In the focus group session, some participants mentioned a lack of education may be a factor related to why dialysis team members react inappropriately towards patients displaying with symptoms of mental illnesses. Individuals who lack education regarding the signs and symptoms of mental illnesses may inadvertently mistake the patient as a troubled or difficult patient. Additionally, the subjective norms within the dialysis setting may also contribute to interdisciplinary team members not actively seeking consultation from the dialysis clinical social worker. For example, interdisciplinary team members' attitudes about performing a particular behavior are more likely to be influenced by other

individuals around them. An individual's perception about what others will think when implementing positive behavioral changes will influence their attitude about performing the particular behavior. In connection to the interview questions, the subjective norms the interdisciplinary team members have come accustomed to may influence the success of the possible solutions identified by the dialysis clinical social workers. Furthermore, the perceived behavioral control relates to the individuals' perception of the level of difficulty of feasibility when performing the positive behavioral changes. People who feel they have the skills, expertise, and tools needed to perform a particular behavior are more likely to implement the behavioral change. Additionally, the interview questions may have assisted the dialysis clinical social workers in understanding what tools are needed to ensure the interdisciplinary team members follow through with the desired behavioral changes.

Data Analysis

I began analyzing the data by organizing the large amounts of information I had gained on the social issue I was investigating. According to Stringer (2014), analysis is the process of distilling copious amounts of information to aid in identifying features and elements embedded in data. I sought to dissect the data obtained from the focus group sessions by reading each sentence from the transcripts and listening to the recordings of the participants to understand the underlying meanings of their statements while keeping in mind the research question and maintaining an open perspective. For example, I carefully and thoroughly reviewed the data and listened to the recordings while keeping in mind the research question of, *how do dialysis clinical social workers perceive their*

role in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses? First, I listened to the recordings and transcribed each group interview verbatim. This step consisted of listening to a phrase or short sentence before typing up what I heard. I listened to the recordings five times while reviewing the transcriptions. I chose to listen to the recordings five times to ensure the accuracy of the transcriptions. After repeatedly listening to the recordings for the fifth time, I was confident of the accuracy of the transcripts. I repeated this process until I had transcribed all three focus groups.

Before placing the information received into general categories, I analyzed the qualitative data using thematic analysis coding. According to Saldaña (2016), "code in qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/ or evocative attribute for a portion of language-based or visual data. Thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data, (p. 6)". The first step of the thematic analysis coding is to collect the data (Aronson, 1995; Vaismoradi, Turunen, & Bondas, 2013). I had three focus group sessions between 01/08/2017 and 01/20/2017, held via Skype with seven dialysis clinical social workers. Before coding my data, I read the entire data set to familiarize myself with the content. On a separate document, I listed patterns of direct quotes or paraphrases of words or statements that stood out to me. The direct quotes and word paraphrases led to the development of the codes by capturing the overall meaning of the participants' statements. I identified 128 codes (see Appendix E). I considered the research question as well as the theoretical perspective, the theory of planned behavior,

when coding and categorizing. The theory of planned behavior informed the codes and categories by helping me understand the behavioral intentions of the dialysis team members when interfacing with patients, from the participants' statements. In this regard, participants reported other members of the interdisciplinary team have unfavorable reactions towards dialysis patients displaying symptoms of mental illnesses. Furthermore, other members of the interdisciplinary team do not seek consultation from the dialysis social worker about how to recognize the signs and symptoms of mental illness. From the completion of the thematic analysis coding process, I linked the codes to the theory of planned behavior and found significant relations between (a) beliefs about the advantages/disadvantages of adopting positive behavioral changes within the dialysis setting, starting with the participants, (b) beliefs about the support they will receive from other dialysis team members, and (c) any related factors that could foster or hinder positive behavioral changes. For example, in the focus group sessions, some participants reported communication issues between other members of the interdisciplinary team and themselves. According to the theory of planned behavior, one's intention to adopt positive behavioral changes, such as increasing communication amongst team members may promote other team members to make small positive behavioral changes, which would then become the new subjective norm within the dialysis setting (De Leeuw et al., 2015). Additionally, as other members of the interdisciplinary team implement the new positive behavioral changes, it may lead to an efficient and cohesive team. Next, by using the thematic analysis coding process, I organized codes into specific categories. I initially began with a long list of different codes. To visualize the potential themes I used flash

cards to group similar codes into one category. For example, I listed one code per flash card and grouped similar codes together under one category. I categorized these codes as follows: (a) consultation with the interdisciplinary team, (b) social work tasks, (c) screening tools, (d) education, (e) challenges to interdisciplinary team efficacy, (f) staffing issues; (g) interdisciplinary team strengths, (h) systemic challenges, (i) patient symptoms, and (j) patient quality of life. The next step of the thematic analysis coding process included identifying the organizing themes. I sorted through the data by linking similar categories to one organizing theme. For example, the following categories, "consultation with interdisciplinary team members," "social worker tasks," "screening tools," and "education" were all linked to the organizing theme of "social worker duties" as participants reported the identified data to be duties of the social worker. I continued this process until all categories linked to an organizing theme. The organizing themes identified include: (a) social work duties, (b) professional uncertainty outcomes, (c) effective and cohesive team, (d) mental health/illness, (e) mental/emotional patient concerns, and (f) environmental/physical concerns. From these organizing themes, I identified the following global themes: (a) social worker responsibilities, (b) social work practice barriers, (c) effective social work practice outcomes, and (d) patients' biopsychosocial challenges. Through the use of the thematic analysis coding process, the global themes became apparent as I sorted and organized the data. For example, I grouped similar codes under a specific category and then linked the categories to a specific organizing theme. Next, I connected similar organizing themes to a specific global theme (see Appendix E for the thematic analysis coding chart). In thematic

analysis coding, this process consisted of defining and naming the global themes. I wanted to capture the essence of what each theme is about and the aspect of data each theme captures. A complete discussion of the categories and themes follows in the "Findings" section of this document. The process of coding turned out to be a long one, which again was unexpected. The method of coding the data lasted a total of six months. My initial coding process identified 86 codes of raw data. In the final coding process, I identified 128 codes. Although the initial coding process was extensive and lengthy, I later understood that it was not exhaustive after reading several articles that discussed the use of the thematic analysis coding. After thoroughly educating myself about the thematic analysis coding more codes were revealed in the process. I found myself repeating the coding process several times to ensure I did not overlook any potential codes. After reviewing the data multiple times, more codes revealed in the final coding process. I concluded the process of coding when I could not identify any new codes from the data set. Throughout the process of conducting this study, I accounted for my biases by using a journal-like process (see Appendix E) to document my thoughts. I created a table and divided it into the following sections: (a) activity, (b) personal reaction, (c) reflection, and (d) actions needed. Following each section, I documented my process. I began to document in the journal before I called the first potential participant. For storing the data, I used the software on my computer, along with an encrypted USB port for backup data. Both are double-password–protected to maintain safety and confidentiality. I will maintain the records for five years following Walden University's IRB policy.

To enhance the credibility of the study's findings, I included member-checking in the process. According to Goldblatt, Karnieli-Miller, and Neumann (2011), member-checking means sharing qualitative research findings with participants for feedback and validation of transcriptions and codes. Before and after I analyzed the data, I returned it to the participants to validate my transcriptions and codes. During the process of data collection, I asked each participant to clarify the meanings of terms and acronyms they used in their focus group sessions. Once they defined their meanings, I then carefully reviewed the recordings and data to ensure I accurately transcribed the participants' responses. In conclusion of the member checking process, I returned the transcripts and codes to each participant for their review via email. The participants reviewed all transcriptions and codes and agreed that they were accurate. None of the participants found any errors in the transcripts. Each participant reported they felt the codes accurately captured the meanings of their statements.

Ethical Procedures

The goal of this process was to understand how social workers at dialysis centers in the rural region of Texas perceive their roles in providing services to patients with mental illnesses. The objective of this action research project was to understand the roles of clinical social workers when interfacing with the interdisciplinary team members on how to properly identify and respond to patients with mental illness. I did not begin recruitment of participants and collection of data until notified of approval of my study from Walden University's IRB and obtaining permission from the supervisor of this research study, Dr. Arriaza. The Walden University IRB approval number is 11-18-16-

0474095. To ensure the ethical protection of participants, I had each participant sign an informed consent document that fully described the study's procedures for the research project (see Appendix C). The informed consent document allowed each participant to understand the aim of the study before deciding to participate. Each participant signed the informed consent document before participating in the focus group sessions. The consent document included my assurances that participants' information would remain confidential and I would not include any identifying information in the data collection and analysis processes. As stated in the National Association of Social Workers Code of Ethics, social workers engaged in research should obtain voluntary and written informed consent from participants (2008). I informed participants of their right to withdraw from the study at any time without penalty and informed them of the measures I took to ensure confidentiality. The consent document stated that I would not use the participants' personal information for any purposes outside of this research project. I stored all data on my computer, which is double-password–protected. I saved backup data on an encrypted universal serial bus (USB) port, also password-protected; I will maintain all records for five years per Walden's IRB procedures. As a single researcher in this action research project, I will be the only individual with access to the data, except upon request from Walden's IRB and my committee members.

Summary

The purpose of my study was to develop an understanding of how dialysis clinical social workers perceive their roles within the interdisciplinary team as far as identifying and responding to patients with mental illnesses. The action research question I addressed

identified how dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses. The clinical social work practice problem that I identified was clinical social workers' comprehensive responses when interacting with patients who are on dialysis and have a mental illness. The overall method of collecting data in this action research project was using focus groups. I collected data from dialysis clinical social workers in the rural region of Texas using an interview guide. My goal with this action research study was to understand the clinical social workers' perception of roles and responsibilities related to assuring appropriate delivery of services from the various disciplines involved in patient care and in turn foster social change within the rural region of Texas. In the next section of this project, I will discuss my findings.

Section 3: Presentation of the Findings

The purpose of my study was to develop an understanding of how dialysis clinical social workers perceive their roles within the interdisciplinary team with regard to identifying and responding to patients with mental illnesses. The research question guiding the research project was: How do dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses? I collected data by facilitating a total of three semistructured focus group sessions. I met with each participant via Skype during each focus group session. Participants described their experiences and presented their perspectives on the clinical social work issue. The first focus group session lasted 28 minutes of discussion time. The second session lasted for 1 hour and consisted of discussion time. The final session lasted 1 hour and 15 minutes and consisted of discussion time. I reached data saturation when no new information emerged from the participants and when the participants began to repeat their statements. Data saturation is reached when no new information is derived from the participants and responses become replicated and redundant (Marshall et al., 2013). I used an interview guide to collect data from the clinical social workers (see Appendix D). In a reflexive journal (see Appendix D), I documented my personal thoughts regarding the research process.

This section includes the following: (a) brief introduction, (b) data analysis techniques, (c) validation and legitimation process, (d) findings, and (e) summary. Following the introduction, I present the data analysis techniques used in this research project. In the section on the validation and legitimation process, I discuss the use of a

reflexive journal and how it improved the data collection process, data analysis, identification of codes and rigor of the study. Following this, I describe the research findings and how they answer my overarching research question. In the final section, I summarize answers to the research question and present recommended solutions to address the clinical social work practice problem.

Data Analysis Techniques

In this action research project, conducted between January 8, 2017, and January 20, 2017, I facilitated three focus group sessions with seven dialysis clinical social workers to gain an understanding of their roles and responsibilities in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses. Owing to the rural region of Texas, I recruited a total of seven dialysis social workers. In most cases, one clinical social worker is assigned to one dialysis center. All seven dialysis social workers agreed to participate in this action research project. The themes that emerged from the coding analysis of this study were: (a) social worker responsibilities, (b) social work practice barriers, (c) effective social work practice outcomes, and (d) patients' biopsychosocial challenges.

I used a thematic analysis coding technique to analyze the data collected for this action research project. According to Braun and Clarke (2006), "Thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data" (p. 6). The first step of the thematic analysis coding is to collect the data (Aronson, 1995; Vaismoradi et al., 2013). I facilitated three focus group sessions held via Skype with

seven dialysis clinical social workers. I used the focus group questions provided in Appendix C as a guide for interviewing the clinical social workers.

The first focus group session focused on the participants' demographics. This session was strictly to gain knowledge of how long each participant had been employed with the dialysis center, if they currently held full-time or part-time positions, their educational degrees, and what professional titles they held. I used an iPhone plus another audio recorder to record the sessions with each focus group. Each focus group session lasted approximately 30 minutes to 1 hour. I began the focus group sessions by informing the participants that they were on a recorded line. Next, I proceeded by stating the date and the time. Following this, each participant discussed their demographics. I asked Question 1 and allowed each participant to answer (see Appendix C). I continued this process until all questions were answered. Once the session concluded, I ended the recording on my iPhone and audio recorder. I scheduled the next focus group session with the participants once the session ended. No issues were encountered using Skype.

During the second focus group session, I met with each of the participants via Skype. I used my iPhone and audio recorder to record the session. I started the session by stating the date and the time. I informed the seven participants that we would be discussing the problem definition section of the focus group questions (see Appendix C). The first question explored their awareness of the clinical social work problem under study. I allowed each participant to answer the question and asked probing or follow-up questions if further clarification was needed. For example, I asked the following follow-up questions:

• What is it about your doctors that they don't do well with patients with mental illness?

• [Are] you talking about the PHQ2?

• Okay, and … once you identify this patient might have like um a mental illness, [how do you proceed]? What's in place? What [does] that process [entail]?

I continued to the next question and allowed each participant to answer. In all, I asked six questions using a semistructured interview guide, followed by several probing questions as needed to clarify topics and answers. Once the session ended, I ended both of the recordings. Next, I scheduled the proceeding focus group session with the participants.

I held focus group session number three via Skype with the seven participants. For consistency, I started off the focus group by recording the date and the time and informing participants that it would be the last group. The three questions in the problem resolution section of the questionnaire (see Appendix C) were used to discuss feasible and sustainable solutions. Throughout the session, I asked for further clarification when needed. For example, if a participant made a statement that was unclear, I asked the participant to clarify their meaning or understanding of the statement to ensure I understood what they were trying to convey. I finished the session by thanking the social workers for participating in the research study and taking time from their busy schedules. I then reminded each participant about the process of member checking. Member checking is the process that requires participants to continuously review the data for accuracy (Anney, 2014). I explained to the participants that member checking would

allow them to review their data and revise it. Each member agreed to participate in the process of member checking. I asked them to identify anything that I had not accurately translated so that I could make the needed corrections. Next, I reviewed essential aspects of the informed consent document and reviewed my contact information with the participants. Once the focus group ended, I stopped the recordings.

Transcriptions

I manually transcribed the participants' statements word-for-word by listening to each of the audio recordings of the focus group sessions. Using the transcribed focus group sessions, I listed patterns of experiences on a separate document as outlined in the discussion of the thematic analysis coding process above. On a separate document, I listed direct quotes or paraphrased common ideas. I transcribed each session on different days to allow time to reflect after each session and to schedule uninterrupted time for transcribing. In the reflexive journal, I documented my reflections of each session. For example, in one journal entry I noted:

> I feel like each participant gave detailed responses that will assist me in my research. At the end of this session I found myself so grounded in my research. I want to find out more about this topic. I feel eager to speak with the participants again. I feel the participants were feeling a sense of relief that they could speak to someone about this topic and feel understood. I also could relate to the participants on a personal level and felt a personal and emotional connection due to my professional status as a social worker. (see Appendix D for Reflexive Journal)

I transcribed my data onto a Microsoft Word document. After researching various methods of data transcription, I found Microsoft Word to be easier. I listened to the recordings of each focus group session and then typed them verbatim. I listened to a phrase or short sentence before typing up what I heard. I listened to the recordings five times while reviewing my transcriptions. The reasoning for listening to the recordings five times was to ensure the accuracy of the transcriptions. After repeatedly listening to the recordings for the fifth time I was confident I transcribed the data verbatim. I repeated this process until I had transcribed the entire session.

It took me five days to complete the transcriptions. This was a surprise to me because I thought that transcribing the data would be much easier than it turned out to be. I found that sometimes I had to listen to both recordings (the one on the iPhone recorder and the one from the other recording device) to ensure I had captured participants' statements accurately. For example, I encountered an incident where I was unsure of what the participant stated on the iPhone recorder, and therefore I listened to the audio recorder to verify the accuracy of the participants' statement. I documented my feelings of being surprised about a number of days it took to transcribe the data in the reflexive journal. In the reflexive journal, I noted my thoughts and frustrations regarding how long it would take me to complete the transcription process. During this time, I spent several hours each day transcribing, and the process felt never-ending. Documenting in the reflexive journal helped to decrease the stress I was experiencing about the process of transcribing the data. Additionally, I found it challenging listening to the recordings multiple times to ensure I accurately transcribed the data. The process of transcribing the

recordings was challenging as it took discipline on my part to ensure I did not make shortcuts when transcribing the data.

Coding

The process of transcribing the data turned out to be a lengthy one. It took a total of five days to transcribe the data. I listened to two recording devices, an iPhone recorder and audio recorder to ensure I captured the participants' statements accurately. I transcribed each session on different days to allow time to reflect after each session and to schedule uninterrupted time for transcribing. In the reflexive journal, I documented my thoughts and feelings about the process of transcribing the data. After ensuring that the transcriptions were accurate, I completed the step of immersing myself in the data. After reviewing several studies, I decided this step was imperative to include in the process of coding the data. Immersion involves a repetitive reading of the data to search for meanings and patterns (Braun & Clarke, 2006). This step helps ensure that the researcher does not overlook any potential codes. Before coding my data, I read the entire data set to familiarize myself with the content. I analyzed the data using a thematic analysis coding method. On a separate document, I listed patterns of direct quotes or paraphrases of words or statements that stood out to me as potentially beneficial in addressing the essence of the study and experiences of the participants'. For example, I reviewed the transcriptions word for word pulling out any words or phrases that I believed to be relevant to the study. On a separate document, I listed direct quotes or paraphrases simultaneously which translated to the production of raw codes. I initially identified 86 codes of raw data. Later, I realized it was not exhaustive after reading several articles that

discussed the use of the thematic analysis coding. After thoroughly educating myself about the thematic analysis coding process more codes were revealed to my surprise. I identified a total of 128 codes (see Appendix E). I considered the research question as well as the theoretical perspective, the theory of planned behavior when coding and categorizing. The theory of planned behavior informed the codes and categories by helping me understand the behavioral intentions of the dialysis team members. As mentioned in previous sections, other members of the interdisciplinary team convey attitudes and beliefs that patients' behaviors were not socially desirable or appropriate, and, therefore, reacted inappropriately toward patients. The theory of planned behavior provides a framework that allows team members to gain a better understanding of what factors impede them from seeking consultation from the dialysis clinical social worker when interfacing with patients displaying symptoms of mental illness. Additionally, the subjective norms within the dialysis setting may also contribute to interdisciplinary team members not actively seeking consultation from the dialysis clinical social worker. For example, interdisciplinary team members' attitudes about performing a particular behavior are more likely to be influenced by other individuals around them. An individual's perception about what others will think when implementing positive behavioral changes will influence their attitude about performing the particular behavior. Furthermore, the perceived behavioral control relates to the individuals' perception of the level of difficulty of feasibility when performing the positive behavioral changes. People who feel they have the skills, expertise, and tools needed to achieve a particular behavior are more likely to implement the behavioral change. I categorized these codes as follows:

(a) consultation with the interdisciplinary team, (b) social work tasks, (c) screening tools, (d) education, (e) challenges to interdisciplinary team efficacy, (f) staffing issues; (g) interdisciplinary team strengths, (h) systemic challenges, (i) patient symptoms, and (j) patient quality of life. The organizing themes identified include: (a) social work duties, (b) professional uncertainty outcomes, (c) effective and cohesive team, (d) mental health/illness, (e) mental/emotional patient concerns, and (f) environmental/physical concerns. From these organizing themes, I identified the following global themes: (a) social worker responsibilities, (b) social work practice barriers, (c) effective social work practice outcomes, and (d) patients' biopsychosocial challenges. A complete discussion of these themes follows in the Findings section. I documented my thoughts and feelings about the coding process in the reflexive journal. The process of coding turned out to be a long one, which again was unexpected. I found myself repeating the coding process five times to ensure I did not overlook any potential codes. I later understood that it was not exhaustive after reading several articles that discussed the use of the thematic analysis coding. After thoroughly educating myself about the thematic analysis coding, more codes were revealed in the process. I concluded the process of coding when I could not identify any new codes from the data set.

Validation and Legitimation Process

In this section, I will discuss the methods used to address the rigor of the study, which included the validation and legitimation process. Validation in qualitative action research is a means for the researcher to establish the accuracy of the findings of the study (Noble & Smith, 2015). It is necessary that this research project remains valid and

legitimate to ensure the credibility of the study. For example, the researcher's personal experiences and viewpoints can result in the researcher's own bias reflected throughout the study. I accounted for my biases by using a reflexive journal to document my process before and throughout the data collection process. I was influenced by a prior study in which students used reflexive journals in the data collection process to create transparency (Ortlipp, 2008). The reflexive journal consists of a table divided into the following sections: (a) activity; (b) personal reaction; (c) reflection; and (d) actions needed (see Appendix E). Following each section, I documented my process, thoughts, and feelings regarding each focus group session. I made journal entries before I spoke to the participants and after each session. Documenting in the reflexive journal, allowed me time to process my emotions and remain transparent. I used the process of *Epoche*, bracketing, to ensure as a facilitator, I did not influence the participants' statements in any way (Corbin, Frazier, and Eick, 2015). Writing in the reflexive journal allowed me to reflect on the data and to process my thoughts and feelings onto paper. For example, in the reflexive journal, I documented feelings such as frustrations, anxiousness, curiosity, and gratitude. In the reflexive journal, I noted my feelings of anxiousness about beginning the focus group sessions with the participants for the first time. I was nervous about whether or not the participants would provide me with enough information to help answer the research question. After the first focus group session concluded, I felt a sense of relief that everyone openly participated. During the second focus group session, I documented in the reflexive journal feelings of excitement. I was eager to learn more about the social work problem from the participants' perspective. I felt as if I was

learning an abundance of information about the social work problem. In the final focus group session, I documented my eagerness to hear the possible solutions to the social work problem, from the participants' views. After the conclusion of the final focus group session, I documented in the reflexive journal my feelings of gratitude. I was thankful because the participants took time out of their busy schedules to be a part of my study.

I used most recent literature, no later than five years to help support my research findings. The literature supports the need to understand this clinical social work problem because the roles and responsibility of the clinical social worker are unclear when providing consultation to the interdisciplinary team members (Ambrose-Miller et al., 2016; Legood et al., 2016; Vungkhanching et al., 2016). Furthermore, other researchers have found there to be a disconnect between clinical social workers and other members of the interdisciplinary team due to not consulting with the social worker, and lack of support and communication (Eneanya et al., 2015; O'Hare et al., 2016; Stellars et al., 2017). Additionally, recent literature supports the findings of this study, which includes: (a) social worker responsibility, (b) social work practice barriers, (c) effective social work practice outcomes, and (d) patients' biopsychosocial challenges (Bautovich et al., 2014; Deen et al., 2012; Gausvik et al., 2015; Hepp et al., 2015; Nancarrow et al., 2013; Song et al., 2014; Weller et al., 2014).

Credibility

I used member checking to enhance the credibility of my study's findings. Member checking is best defined as a process that requires participants to continuously review the data for accuracy (Anney, 2014). The purpose of member checking is to

eliminate researcher bias when analyzing and interpreting the data, check for errors, ensure that the participants' voices were transcribed and interpreted accurately, and clarify statements that might have been misinterpreted by the researcher (Anney, 2014). After transcribing each data set, I sent the transcriptions to the participants via email for review. Due to the participants having other obligations, I expected to receive the information back from them within two weeks. I had explained to the participants at the outset of the study that member checking would allow them to review their data and revise it. Each member agreed to participate in the process of member checking.

I asked them to identify anything that I had not accurately translated so that I could make the needed corrections. I also asked the participants to provide feedback regarding their perceptions of the interview. The overall feedback gathered from the participants after the final focus group session included that this action research project is needed to bring awareness to the clinical social work problem. One participant commented that she was happy to be a part of the study and she felt as if she had an outlet to voice her opinion about issues she experiences on a daily basis. The participants reviewed all transcriptions and agreed that they were accurate. Most participants stated they were happy to be a part of the interview process. Additionally, some participants stated they realize there was a social work problem after being a part of the focus group sessions. None of the participants found any errors in the transcripts.

Validation of Codes

The validation of codes occurred through the process of two steps. The first step consisted of reading and re-reading the transcriptions a total of five times to double check

for consistency and validation. I continued this process until I could not identify any new codes. Step two of the validation process was to ensure the integrity of the codes to strengthen the rigor of this study. I sent the codes to each participant by email for their review. I wanted to have the codes reviewed by more than one person to ensure I did not misinterpret any information from the transcripts. I asked that each participant thoroughly review the transcripts to ensure I captured their statements appropriately. This step entailed having each participant review their transcribed reports word for word providing that I accurately transcribed their remarks. I explained to the participants if I did not correctly transcribe their statements that they make the needed corrections. I sent the transcriptions to each participant via email. Each participant reviewed their portions of the transcription. I received the transcriptions back from each participant within one-week timeframe. Each participant agreed that the codes identified were appropriate representations from the data. The participants did not identify any new codes.

In summary, I used a repetitive process for both transcription of the focus group sessions and coding. This repetitive process helped to prevent me from moving too quickly when coding the data. I also used member checking to validate the codes, giving the participants the opportunity to correct any errors. Use of a reflexive journal also helped me to acknowledge and account for my own biases and to validate the findings. For example, throughout the coding process, I would document in the reflexive journal my preconceived bias of the need to conclude the overarching themes before going through the thematic analysis coding process. To account for this bias, I documented in the journal the steps of the thematic analysis coding process to ensure that the

overarching themes would reflect the identified codes in each category. In this research process, I wanted to remain transparent and provide a critical self-reflection on how I could influence the findings of this study. The reflexive journal was useful in promoting transparency and self-reflection throughout the research process. The reflexive journal consists of a table divided into the following sections: (a) activity; (b) personal reaction; (c) reflection; and (d) actions needed (see Appendix E). Following each section, I documented my process, thoughts, and feelings regarding each focus group session. I made journal entries before I spoke to the participants and after each session. Documenting in the reflexive journal, allowed me time to process my emotions and remain transparent. I used the process Epoche to ensure as a facilitator; I did not influence the participants' statements in any way (Corbin, Frazier, and Eick, 2015).

Limitations

One limitation of this action research project is that it only pertains to dialysis centers in the rural region of Texas. The findings of this project may not specifically pertain to other dialysis centers outside the region of Texas. This presents as a limitation as other regions may provide significant information concerning this social work problem.

This social work problem was approached from a social work perspective only and did not include the views of other interdisciplinary team members, which presents as a limitation. They might have contributed valuable information regarding the social work practice problem I was addressing. Each discipline from the interdisciplinary team may provide a unique perspective in addressing the social work problem.

There were a total of seven participants in this action research project. A lack of study participants presents as a limitation as more individuals could provide a wealth of data. Although there were seven participants, however, I believe these individuals effectively identified the clinical social work problem and identified solutions that may bring about social change. In the future, other regions should be explored to increase the number of participants in the study.

In the process of validating the codes, the participants could not identify any new codes from the transcripts. This presents as a limitation as I am unsure if the participants completed a thorough review of the transcripts. In the future, a full process of member checking should be considered. This step entails, more than returning an interview to participants to check that the transcriptions are correct but additionally may be conducted during the process of data collection to verify data between participants (Morse, 2015). For example, member checking can be tested with others to see if they encounter the same experiences as the study participants. This process determines normative patterns of behaviors, which also achieves reliability (Morse, 2015). I am confident about the findings as the themes were exhibited throughout all of the focus groups. Participants provided information throughout the focus group sessions, which I used to identify themes related to the roles and responsibilities of the social worker when providing consultation to interdisciplinary team members on how to identify and respond to patients displaying symptoms of mental illness. The use of thematic analysis coding afforded me the opportunity to thoroughly review the data collected and to document reoccurring themes and concepts (Aronson, 1995; Vaismoradi et al., 2013).

Accounting for Biases

Documenting in the reflexive journal, allowed me to account for any biases, judgments, awareness, and events that I became aware of throughout the study (see Appendix D for the reflexive journal). I documented my reactions in the journal before, during, and after each focus group session (see Appendix D for reflexive journal). While analyzing the data, I read the reflexive journal, which helped me clarify my feelings of frustration that the participants were not fully exploring the social work practice problem. Reading the reflexive journal helped me to realize that I myself was unsure of the scope and extent of the social work practice problem, although the participants identified a social work practice problem that needs to be addressed. I did my best to conduct my research with an open mind, consistently being aware of bracketing, which is the need to be objective and acknowledging my own subjective biases while seeking to understand the extent of the problem from an action research and qualitative perspective. According to the theory of planned behavior, subjective bias is best described as a cognitive bias by which an individual will consider information to be correct if it has any personal meaning to them. One way I attempted to maintain an objective view throughout the focus group sessions was by utilizing the focus group questions as a guide to promote and encourage participants to share their perspectives in their own words (see Appendix C for focus group questions). The focus group questions allowed me to be more objective by ensuring that I did not influence the participants' responses as questions were being asked. When asking probing questions, I kept my own beliefs in my awareness to ensure my objectivity while listening to the participants' viewpoints. For example, I carefully

listened to the participants' statements to ensure I understood the message they were trying to convey. I remained objective throughout this process by asking furthering questions to ensure I fully understood their statements. I documented in the reflexive journal my personal beliefs that could influence the findings of this study. Further study in this area would benefit from including input from other interdisciplinary team members.

Findings

These findings align with the theory of planned behavior and the research question of how dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses. The participants of this study discussed in detail their experiences and interpretations of their roles and responsibilities in providing consultation to the interdisciplinary team on how to identify and respond to patients with mental illnesses. I identified a total of 128 codes that I then divided into specific categories for determining my findings. The following categories: (a) consultation with the interdisciplinary team, (b) social worker tasks, (c) screening tools, and (d) education led to the organizing theme of social worker duties, which led to the global theme of social worker responsibilities. Each of the categories identified was grouped with similar codes.

Next, I grouped similar codes, such as "hard to educate staff," "staff doesn't utilize tools learned," "communication issues," and "staff lacks education" under the following two categories: (a) challenges of interdisciplinary team efficacy, and (b)

staffing issues, which led to the organizing theme of "professional uncertainty outcomes" that led to the global theme of social work practice barriers. Throughout this process, I adhered to the thematic analysis coding technique. I read and reread the transcript to identify and label codes to further understand the social work problem of clinical social workers' comprehensive responses when interacting with patients who are on dialysis and have a mental illness. I reviewed the codes and organized the data into categories. I listed codes under the category of "interdisciplinary team strengths" that led to the organizing theme effective and cohesive theme, which led to the global theme of "effective social work practice outcomes."

A list of similar codes, such as "mental illness seen as a weakness," "staff lacks knowledge regarding mental illness in rural areas," and "limited mental health resources in rural areas" contributed to the creation of the category "systemic challenges" that led to the organizing theme of mental health/illness, which led to the global theme of patients' biopsychosocial challenges. Next, a list of similar codes influenced the creation of the category "patient symptomology." This category resulted in the organizing theme of mental/emotional patient concerns, which led to the global theme of patients' biopsychosocial challenges.

Lastly, I grouped similar codes, such as "physically sick," "noncompliant," "history of mental illness," and "psychosocial issues" under the category of "patient quality of life". This category led to the organizing theme of "environmental/physical concerns", which led to the global theme of "patients' biopsychosocial challenges". Next, I will provide a brief summary that identifies the global themes of this study.

In summary, the findings of this study fell within four key global themes regarding social workers' understanding of their roles and responsibilities when interfacing with patients presenting with mental illness symptoms. These global themes were: (a) social worker responsibilities, (b) social work practice barriers, (c) effective social work practice outcomes, and (d) patients' biopsychosocial challenges. In the next sections, I will discuss the global themes in greater detail. These sections will discuss the individual themes with supporting data, recent literature, accounts of theory and how the identified themes address the research question.

Theme 1: Social Worker Responsibilities

In this action research project, I sought to understand the roles and responsibilities of clinical social workers when interfacing with interdisciplinary team members on how to identify and respond to patients with mental illness. Participants in the study voiced the need for teammate education to assist the interdisciplinary team in identifying and responding to patients with mental illnesses. To respond to this need, participants reported their assigned responsibility of providing education and training to other members of the interdisciplinary team. The participants of this study described hosting in-services to educate the interdisciplinary team on a variety of topics, such as mental illnesses. Some clinical social workers reported hosting in-services as well as homeroom and informal meetings to educate interdisciplinary team members on how to identify and respond to patients with mental illness. In the dialysis setting, homeroom meetings consist of dialysis staff members coming together with an appointed member to learn about different topics or to address any presenting issues or concerns that have arisen.

One participant made the following statement regarding teammate education:

> P2: As a social worker, I feel it is my duty to educate the team not only on the awareness of the patient having the mental illness but also on their history of mental illness. They need to know what has been done in the past, any current or previous providers that the patient is seeing, any treatments or medications that have worked or some that they have tried and didn't work would also be helpful to the interdisciplinary team.

Other participants made the following statements regarding teammate education:

> P4: Throughout the years I have had to educate team on different patient behaviors and how cognitive ability and mental illness affects patients' ability to cope and learn about their ESRD and treatment regimens.

> P1: … I work with all RN's and a dietitian so to me they are more educated or often more educated than the techs and so they've been exposed to mental illness … and that's why I like working with the people I work with because they have been educated and exposed … to … various aspects of healthcare including mental illness.

> P3: Homerooms is when you educate the staff on different topics that you feel the need that's very important that they need to understand … for example the other day I did one for as missed treatments with my … staff for the in-center patients … and getting them to really dig more into what's going on with the patient, not just letting the patient call and say

> I'm not coming today or if the patient hasn't shown up … to pick up the phone and call to see what's going on and don't just say, okay that's fine, ... You know just making sure that they really go into more details about what's going on with the patient, try to ask if they can come … in ... Give them more direction and guidance as far as just saying it's okay for them to miss treatments.

At some dialysis clinics, during a patient's initial visit and admission to the clinic, the administrative assistant addresses the patient's rights regarding Health Insurance Portability and Accountability Act (HIPAA) laws. The patient then signs consent forms that address the extent of their disclosure of information and authorization to release their information. In most dialysis settings, the administrative assistant completes the needed consents and authorization to release forms in advance on behalf of the social worker and other members of the interdisciplinary team to ensure proper procedures are completed for a more smooth and timely approach when connecting patients' to needed services. During the interdisciplinary team meetings, the staff members, including the medical director or attending physician, registered nurse, registered dietician, and clinical social worker, discuss the patient's information. Discussions of patients' information in the plan of care meetings by the interdisciplinary team are a common practice in most dialysis centers (Song et al., 2014). In the plan of care meetings, the role of the social worker is to keep the team informed of any psychosocial risk areas presented by patients'. For example, patients' that are at risk for hospitalization may require social worker intervention to help decrease the possibility of hospitalization. Study participants reported

that the information discussed in these meetings is a vital aspect of the patients' plan of care. Other relevant information presented in patients plan of care meetings include: (a) any life changing events; (b) quality of life barriers, such as depression, stress or poor sleep; (c) kidney transplant; (d) adherence to medications and diet; (e) monitoring of fluid gains; (f) blood pressure monitoring; and (g) environmental factors influencing patient outcomes. Additionally, social workers carry out a variety of responsibilities concerning the patients' plan of care, which includes: (a) the completion of the psychosocial assessment, (b) referrals, (c) locate resources, (d) documentation and (e) monitor patients.

Another finding of this study that falls under social worker responsibilities is the use of screening tools to identify a patient's mental health status (see Appendix E for Thematic Analysis Coding chart). In this regard, I identified codes relevant to social worker duties category under the global theme of social worker responsibilities (Appendix E for Thematic Analysis Coding chart). For example, I grouped similar codes, such as "beck depression inventory," "symptom-targeted intervention," "depression screening tool," and "PH2Q screening" under the category of "screening tools." In the focus group sessions, participants reported social workers are responsible for the use of screening tools to identify patients displaying symptoms of mental illness, which led to the development of these codes under the category of "screening tools," which led to the organizing theme of "social worker duties" that led to the global theme of "social worker responsibilities" (see Appendix E for Thematic Analysis Coding chart).

Participants reported use of the following screening tools to identify and properly respond to patients presenting with signs and symptoms of a mental illness: (a) the Beck

Depression Inventory, (b) symptom-targeted intervention (STI), (c) a depression screening tool, and (d) the Patient Health Questionnaire-2 (PHQ2). Once the clinical social worker identifies a patient who is experiencing symptoms of a mental illness, the social worker makes referrals to outside providers.

According to the participants, it is the social worker's responsibility to use screening tools as an effective way to identify patients who have symptoms of a mental illness. When another interdisciplinary team member identifies a patient as presenting with symptoms of mental illness, it is still up to the clinical social worker to make the needed referrals to outside organizations that specialize in mental health at the patient's discretion. Regarding this issue, participants in this study made the following statements:

> P3: Right. And so when I do that screening or whatever I then talk with the patient … I explain the screening … and when I do the screening I talk with the doctors and the nurses and let them know …. the results [of] the screening… the doctor will go in and they will talk with the patient and … will say you know I can start you off on a low-dosage medication or … they will say … the social worker can refer you out for you know some type of counseling ….
>
> P4: I try to get to know my patients, have a true assessment of their diagnosis/behaviors and … there will be ups and downs through the years through cycles of mania, depression, wanting to stop dialysis, anger etc. STI is a great tool to work with patients willing to participate and using local resources to link patients with for ongoing medication/psychiatric management.

I asked each participant how they identified patients with mental illness. The participants of this study made these statements regarding the use of screening tools:

P6: Depression screening tool, medical history, and patient report.

P3: We have to use the PHQ2.

P1: I think the Beck Depression Inventory is way, way better.

P3: Exactly, but you know that's one of the tools that we use.

P2: We have the PHQ2 we utilize as a brief assessment which gives a very small window into the patient's mental stability and possible needs to assess.

The participants of this study identified a social worker responsibility of the completion of psychosocial assessments. In most dialysis settings, the psychosocial assessment is completed by a licensed master social worker on new patients, at the patients 90 days of being on dialysis, annually and if any significant changes in the patients' life may need to be assessed, such as a recent hospitalization. The psychosocial assessment covers a variety of topics, such as educational history, environmental factors, religion, health history, any current or past substance abuse use, transplant status, medication adherence, and risk factors for harming self or others. Some participants of this study made the following statements regarding the completion of psychosocial assessments:

P4: I try to get to know my patients, have a true assessment of their diagnosis/behaviors and know that it's a roller coaster ride and there will be ups

> and downs through the years through cycles of mania, depression, wanting to stop dialysis, anger etc. …
>
> P1: Regarding my role, it's my job to form a relationship with them and assess the situation and get them to do any testing … for problems and issues with patients and then I discuss it with the team and if necessary I'll address it with the doctors.

Another responsibility the dialysis clinical social worker assumes is the completion of referrals to outside organizations. For example, when dialysis patients present with symptoms of mental illnesses the clinical social worker will complete a referral to external agencies, such as mental health clinics, and counseling services. The social worker is responsible for referring patients to organizations that will work with patients' insurance and financial status.

Some participants in this study described their responsibility of locating needed resources for patients. For example, most dialysis social workers are responsible for connecting patients with outside resources, which include: (a) the local food pantry; (b) transportation systems; (c) the department of health and human services for programs such as, Medicaid, and Snap Benefits; (d) counseling services; and (e) mental health services. According to some study participants, there is a lack of resources in the rural region of Texas for patients displaying symptoms of mental illnesses, which places a burden on social workers since they assume this responsibility without the help from other members of the interdisciplinary team. The finding of "find resources" led to the category of social worker tasks, which led to the organizing theme of social worker duties

that led to the global theme of social worker responsibilities (see Appendix E for findings).

The dialysis clinical social worker is expected to have ongoing communication with other members of the interdisciplinary team. The study participants identified in the focus group sessions the importance of having effective communication between social workers and other members of the interdisciplinary team. The finding of "communicate with the interdisciplinary team members" led to the category of "consultation with the interdisciplinary team," which led to the organizing theme of social worker duties, which led to the global theme of social worker responsibilities (see Appendix E for Thematic Analysis Coding).

The next section will highlight the theme of social worker practice barriers. There were a total of twenty-four codes grouped under the subcategory of challenges of interdisciplinary teams' efficacy. Under the same column, I grouped seven similar codes under the subcategory of staffing issues. These two subcategories fell under the category "professional uncertainty outcomes" under the global theme of social worker practice barriers (see Appendix E for Thematic Analysis Coding).

Theme 2: Social Worker Practice Barriers

Through the focus group sessions, there were several social work practice barriers identified by the participants. A lack of resources in rural communities places more pressure on the social worker when trying to connect patients with needed services. It also decreases the possibility that the patients will receive the services they may direly need. I created a code for limited mental health resources in rural areas, which I grouped

with 10 related codes in the systemic challenges subcategory under mental health/illness category within the global theme of patients' biopsychosocial challenges (see Appendix E for Thematic Analysis Coding). Researchers have found the low population density in rural areas impedes access to mental health service utilization because there are fewer mental health specialists in the area (Deen, Bridges, McGahan, & Andrews, 2012). These researchers further state that the lack of services in rural areas requires clients to travel long distances, which can cause transportation problems. Participants made the following statements while discussing this issue:

> P2: I feel the struggle to help the patients is indeed difficult especially as a social worker in the dialysis setting because there are limited resources to efficiently assess the patient's mental state and the root cause of the behaviors and or illness which is needing the attention.
>
> P6: Definitely and that's what I felt like, I felt like there … just like what you said we're … our hands are tied and there's not many resources and I was kind of getting dead ends every way I went because he was in trouble um he had got in trouble at one shelter and nobody wanted to take him to the other shelter, and there's only like two shelters in the area.

Another important finding of this study was that some participants reported that interdisciplinary team members should consult with the social workers regarding patients that present with signs or symptoms of mental illness. The participants voiced concerns that the interdisciplinary team members do not consult with them and do not use their clinical expertise in the dialysis setting. For example, one participant said:

P3: … I was kind of upset and felt like you know insulted in a way cause she didn't consult with me … and so it was just kind of like, oh well, I'm not even going to bother, I'm just going to do this application and get it done, if I don't do it it's not going to get done, and that's not the case.

Other participants voiced similar concerns regarding the lack of social work consultation:

P2: They only reach out to us when they don't know what to do.

P7: Right.

F: Yeah.

P3: Exactly. That's exactly when they don't know.

P2: and when they don't have an answer that's when they come and want us to fix it.

F: Yeah. So we're kind of like a last resort basically.

P2: yes.

An additional finding related to social work practice barriers is that sometimes the clinical social worker is not respected by the interdisciplinary team members (see Appendix E for Thematic Analysis Coding). A statement made by one participant that captured the concerns of most participants about her opinion of not being valued by stating,

P1: I felt like they really could care less and they thought social workers … were fluff.

F: What [do] you mean by [that]?

P1: uhh just … not really important, not really uhh valued….

One other important finding related to social work practice barrier is that many interventions, such as teammate education only last for specific time periods; they may not be long-lasting; or teammates do not utilize the tools learned. Once interdisciplinary team members are educated on a particular topic, such as patients' displaying symptoms of mental illnesses, changes in practice may still only be implemented for a limited time before the interdisciplinary team members return to their old ways of doing things. For example, the dialysis clinical social worker may educate the interdisciplinary team members on how to identify patients' presenting with symptoms of mental illnesses and after some time has passed the team members may no longer follow through with the implemented changes. This lack of follow-through may be caused by inadequate staffing, high patient loads, lack of support, or lack of time to carry out the change (see Appendix E for Thematic Analysis Coding). One participant made the following statements in this regard:

> P2: They're open and receptive, but I don't think I've ever observed them as far as utilizing the techniques but they all seem to understand them and accept them. ... they just don't have the time to put it into practice. ... everybody else is open to suggestion and might try to implement but they are just kind of overwhelmed with what they are doing. I don't know.

Participants also voiced concern that staff members have unrealistic expectations of patients, which identified as a significant finding. Most dialysis patients face with a variety of health issues that influence their level of functioning. Some team members may perceive a patient to be noncompliant as far as medications or treatment, or see them as

presenting with behavioral issues that are signs of an underlying problem that can be complicated, such as a mental health illness like depression, or as simple as transportation problems. These are all variables that team members should consider before concluding patients.

> P2: … determining whether the patient is suffering from a MH illness or just being noncompliant is difficult to tell for many of the IDT members, hence the SW role is vital in this clinical setting.

> P4: Throughout the years I have had to educate team on different patient behaviors and how cognitive ability and mental illness affects patients' ability to cope and learn about their ESRD and treatment regimens.

> P4: For the most part I don't think all disciplines understand mental illness and how it cycles and that there is no quick fix that fixes it forever. They must understand it is ongoing and things may get better for a while, but then something happens that triggers negative associated behaviors all over again.

The next section will highlight the theme of effective social work practice outcomes. There were a total of nine codes grouped under the subcategory of interdisciplinary team strengths. This subcategory fell under the category "effective and cohesive team" under the global theme of effective social work practice outcomes (see Appendix E for Thematic Analysis Coding Chart).

Theme 3: Effective Social Work Practice Outcomes

The participants of this study identified strengths of the interdisciplinary team members to promote an effective and cohesive team and increase better patients' outcomes. This finding relates to the research question of identifying how dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses, by assisting in understanding key strengths that produce an effective and cohesive team. Key strengths of an effective team identified by the participants were: (a) doctors address patients' needs, (b) interdisciplinary team members work well together, (c) interdisciplinary team members are open to suggestions, (d) team members respect each other, (e) social worker's role is seen as vital; (f) teammates and doctors are well informed, (g) team members value social worker's opinions, (h) interdisciplinary team members do not stereotype, and (i) team members consult with social worker (see Appendix E for Thematic Analysis Coding). These strengths became apparent during the coding process and contributed to the identification of the global theme of effective social work practice outcomes. In connection with the theory of planned behavior, this is important because I was able to understand more precisely what behaviors contributes to a more efficient and cohesive team in a dialysis setting. For example, in addressing the need for positive behavioral changes, such as "team members consult with social worker" the theory of planned behavior constructs explained a significant proportion of behavioral intentions amongst members of the interdisciplinary team. Additionally, this study demonstrates the importance of understanding the beliefs of individuals through the use of the three constructs from the theory of planned behavior, which include: (a) attitude,

(b) subjective norms, and (c) perceived behavioral control. In connection with the theory, this is important because it assists researchers in understanding why dialysis team members engage or do not participate in particular workplace behaviors.

Some of the participants of this study identified key strengths that produce an effective and cohesive team, as interdisciplinary team members should be open and willing to hear suggestions regarding patients' care. The interdisciplinary team members are an important link to patients care, and it is vital that they have the skills needed to communicate effectively to address any issues patients' present, such as symptoms of mental illnesses. Team members who have an effective line of communication are more susceptible to addressing patients' needs promptly, which will increase better patients' outcomes. Some participants made the following statements regarding interdisciplinary team members' strengths:

> P2: As far as observing the IDT with the patients, um I've had really good experiences. Umm. they have all been open to suggestions they don't stereotype. They ask questions, and then they come to me for answers…
>
> P2: Umm. The interdisciplinary teams that I have worked with umm have been open to the social workers' suggestions as far as how to handle them. …They've all been very supportive and [receptive] of my opinion when it comes to mental illness.
>
> P3: I don't think it's so much a problem, or whatever. I just think that um my team pretty much well picks up on patients that have issues … whatever um so I

don’t think its necessarily a problem with them picking up on that. I don’t know about you … P1.

Additionally, participant number three further supported this finding regarding their doctors are pretty good about identifying patients presenting with symptoms of mental illnesses:

P3: And see mine is the opposite. I think that my doctors are pretty good about that.

P1: You do have good doctors P3.

P3: They are good with picking up on that.

Participant number one further described respect as an effective social work practice outcome displayed by members of the interdisciplinary team. There is a need for members of the interdisciplinary team to feel respected by their colleagues to achieve an efficient and collaborative workforce. In most cases, individuals who feel respected amongst their teammates often recognize the benefits each discipline contributes to the team,

P1: … where I work now in the home department I mean it’s just a totally different story. I really feel respected. I’m not saying I feel respected by the doctors but I feel respected by the nurses and the dietitians.

Another effective social work practice outcome identified by the participants was how well the interdisciplinary team members identified patients presenting with symptoms of mental illness. In connection with the theory of planned behavior, this finding is significant because it assists in the understanding of what works well when

interfacing with patients' presenting with symptoms of mental illnesses. Furthermore, the theory of planned behavior aids in understanding the individual's behavioral intention, which is their motivation or decision to perform a particular behavior. For example, members of the interdisciplinary team who exemplify knowledge about mental illnesses are more susceptible to have a behavioral intention that is useful in working well to identify and respond to patients' presenting with symptoms of mental illnesses. One participant stated that their doctors are "pretty good" about addressing patients with mental illnesses and other participants followed that statement, while another added:

> P3: …I think that my doctors are pretty good about that. …the other day I had a patient that was having some psychosocial issues when they had clinic and I talked with them and told the doctor... . And so … he took that and then he went in and talked to them, and he prescribed something.
>
> P1: I think my team is uhh … really receptive and accepting.
>
> P1: Like, once again they are RNs and more than likely they have been in rotation in mental health.

The next section will highlight the theme of patients' biopsychosocial challenges. There were a total of forty-seven codes grouped under the subcategories: (a) mental health/illness, (b) mental/emotional patient concerns, and (c) environmental/physical concerns, all of which fell under the global theme of patients' biopsychosocial challenges. These subcategories fell under the following categories: (a) systemic challenges, (b) patient symptomology, and (c) patient quality of life (see Appendix E for Thematic Analysis Coding).

Theme 4: Patients' Biopsychosocial Challenges

One of the global themes that emerged from the data regarded the biopsychosocial challenges faced by patients. A total of 47 codes were identified and grouped under the following categories: (a) mental health/illness, (b) mental/emotional patient concerns, and (c) environmental/physical concerns, all of which fell under the global theme of patients' biopsychosocial challenges. Similar codes were grouped to form a single category (see Appendix E for categories of the Thematic Analysis Coding). These categories captured the essence of the organizing themes, which led to the creation of the global theme. The codes and categories emerged out of discussions with several participants and taking into consideration the reflexive journal, research question, and the theory of planned behavior. Participants identified several factors that contributed to their understanding of their roles and responsibilities when interfacing with patients with mental illnesses. For example, in connection with the research question, patients' face a variety of challenges that affect their overall quality of life, such as having symptoms of mental illnesses, needle phobia, housing issues and transportation problems and the dialysis clinical social worker are responsible for addressing patients' needs. The dialysis social worker will work closely with the other members of the interdisciplinary team in providing consultation on how to properly identify and respond to patients presenting with symptoms of mental illnesses. The theory of planned behavior supports the finding of patients' biopsychosocial challenges as it focuses on the behaviors and other factors, such as attitude, subjective norm, and the perceived behavioral control. For example, interdisciplinary team members may view patients displaying symptoms of mental illnesses as trouble patients (attitude),

other teammates may not want to deal with patients that present with symptoms of mental illnesses (subjective norm), and because others view mental illness as a weakness, there are limited mental health resources in rural areas, and high caseloads make it difficult to carry out the positive behavioral changes (perceived behavioral control). The reflexive journal was used throughout the thematic analysis coding process to document my thoughts and feelings regarding the development of the codes, and themes. For example, in the reflexive journal, I documented my frustrations relating to the amount of time it took to code the data. I was unaware that coding the data would be a very lengthy process. Also, the reflexive journal was used to document any emerging ideas, such as ideas regarding the development of names for each category. For instances, in the reflexive journal, I documented my thoughts regarding perspective titles that would capture the essence of the participants' descriptions of the data set. In the section below, I will list the findings that support the theme of patients' biopsychosocial challenges.

The following quote is a comprehensive representation of the perception that staff members either do not want to deal with presenting symptoms of a mental illness or do not understand how to identify patients presenting with a mental illness:

> P6: The team wants the social worker to deal with it. They want little involvement because they don't understand it. The team doesn't want to understand it and just says, "we are here to provide dialysis."

Furthermore, in connection to theme four of patients' biopsychosocial challenges this finding is significant as it describes the challenges team members face when interfacing with patients that present with symptoms of mental illnesses. This finding supports the

need for teammate education on the topic of how to properly identify and respond to patients displaying symptoms of mental illnesses. Staff members who obtain continued education in subjects related to mental illness might be better positioned at identifying and responding to patients with mental illness.

Another important finding of this study is mental and emotional patient concerns. Patients present with a variety of symptoms that have the potential to hinder overall outcomes, which affects their quality of life. The participants of this study identified the following patient signs and symptoms of mental illness: (a) depression; (b) needle phobia; (c) nervousness; (d) other mental illness; (e) mania; (f) anger; (g) anxiety; and (h) cognitive dysfunction. Other factors identified as important to patient quality of life include medications, underlying issues, mental state, behaviors, feelings, and comorbid conditions (see Appendix E for Thematic Analysis Coding Chart).

The participants of this study identified several psychological factors that seem to affect patients' quality of life. For example, one participant made the following statement about how a mental illness can affect a patient's physical health:

> P2: They don't fully understand how much it impacts their physical health if they're having mental illness. Like, I had a patient that had severe anxiety and depression and was just was more or less bipolar but I mean he couldn't even make a phone calls hardly without just totally stressing out it just … they didn't get it. They thought, you know that they should be able to do some things or you know they kind of blamed it on uhh his lifestyle but I mean in social work your lifestyle affects everything you, your living environment, your socioeconomic

> status all that affects not only your mental health but your physical health and how you relate to your medical health….

Participant number two further explained that patients are sometimes perceived as trouble when in reality the patient is dealing with an underlying a psychological issue, such as a mental illness. For example, patients may present with symptoms of a mental illness, but the dialysis personnel may view the patients as having a behavioral issue. Participants agreed that dialysis staff members may behave with frustration toward patients when they are unaware that the patients are actually presenting with mental illness symptoms:

> P2: Usually there's a reason behind trouble… They're not a trouble patient there is usually some problem there … There's an underlying issue that's causing that trouble.

Another participant made the following statement regarding how mental illness can affect patients' physical health and overall quality of life:

> P4: Throughout the years I have had to educate [the] team on different patient behaviors and how cognitive ability and mental illness affects patients' ability to cope and learn about their ESRD (End-Stage Renal Disease) and treatment regimens.

In summary, the research question and theory grounded the data analysis process. The thematic analysis coding was used to interpret the qualitative data. There were a total of 128 codes identified in the coding process. Each category consisted of a list of similar codes. The categories led to organizing themes, which resulted in the global themes. There were a total of four global themes identified, which includes: (a) social worker

responsibilities, (b) social work practice barriers, (c) effective social work practice outcomes, and (d) patients' biopsychosocial challenges. In the discussion section below, I discuss the findings of this study.

Discussion of Findings

In this section I discuss the findings previously presented, provide an interpretation of the findings and provide evidence from other recent studies that support the findings of this research study. Some important learning points generated by this project include the following: (a) clinical social workers play a vital role in the dialysis setting, (b) there is a need for their expertise concerning mental illness, from a clinical standpoint, (c) social workers' roles and responsibilities are complex, and (d) participants felt they do not have full support from their interdisciplinary teams. These findings align with the theory of planned behavior and the research question of how dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses. In the next sections, I will provide a detail discussion of how each finding aligns with the theory and connects to the research question.

Clinical social workers play a vital role in the dialysis setting, providing several functions within the interdisciplinary team and in patients' care. They are the link between dialysis personnel and patients. Some participants stated that clinical social workers are the piece that holds the puzzle together. Patients depend on social workers to be their advocate and the voice of reason. The dialysis clinical social workers interact closely with other members of the interdisciplinary team to ensure that patients receive

quality services. They provide transplant education for patients that may qualify for a kidney transplant. According to Boulware et al. (2013), social workers provide effective interventions that help patients and families engage in early discussions about kidney transplant. In particular, Boulware et al. found that The Talking About Live Kidney Donation (TALK) social worker intervention helped patients and their families overcome self-identified barriers to pursuing a kidney transplant.

There is a need for clinical social workers' expertise when interfacing with patients presenting with mental illnesses, and social workers can serve as consultants to the interdisciplinary team when identifying and responding to patients with mental illnesses. The dialysis clinical social workers have the skills, tools, and expertise to properly identify and respond to patients presenting with symptoms of mental illnesses. The social workers possess the education needed for working with patients presenting with symptoms of mental illnesses. They can serve as consultants to other members of the interdisciplinary team on how to properly identify and respond to such patients. The theory of planned behavior can be applied in the dialysis setting to identify how members of the interdisciplinary team can contribute to the overarching goal related to the appropriate delivery of services to dialysis patients. For example, the theory of planned behavior can be used to understand the intentions of interdisciplinary team members to perform a particular behavior in the dialysis setting. According to study participants, there is a need for positive behavioral changes amongst interdisciplinary team members to ensure appropriate delivery of services to patients. Members of the interdisciplinary team who display positive behavioral changes may subsequently promote timely

identification of symptoms of mental illness and therefore, can promptly link patients to needed resources. Furthermore, this theory can be used to understand the underlying beliefs of individuals that influence their attitudes when interfacing with patients displaying symptoms of mental illnesses. When members of the interdisciplinary team seek to understand their beliefs that influence their attitudes it can increase their self-awareness regarding what influences their behaviors. Additionally, the subjective norms are most likely to influence the interdisciplinary team members' attitudes while having an indirect influence on their behavioral intentions. For example, in the dialysis setting, the interdisciplinary team members' attitudes about performing a particular behavior are more likely to be influenced by other individuals around them. An individual's perception about what others will think when implementing positive behavioral changes will influence their attitude about performing the particular behavior. According to the theory of planned behavior, the perceived behavioral control relates to the individuals' perception of the level of difficulty of feasibility when performing the positive behavioral changes. People who feel they have the skills, expertise, and tools needed to perform a particular behavior are more likely to implement the positive behavioral changes. In connection to the study findings, participants reported conducting homeroom and in-service meetings to educate the dialysis team members on different topics in relation to recognizing the signs and symptoms of mental illnesses when interfacing with dialysis patients to provide better patient care.

Some participants of this study stated they are readily available to complete referrals for patients presenting with mental illnesses. According to Reckrey et al. (2014),

primary care doctors often do request the assistance of social workers for specific patient care issues, such as connection with community resources, discussion of end of life issues, and assistance with patient and caregiver coping. In my experience as a social worker, most dialysis patients do not have a primary care doctor and, therefore their kidney nephrologist serves as their primary doctor. Furthermore, the patients' kidney nephrologist relies on the social worker for assisting the patients with specific care issues, such as linking patient to community resources, end of life discussions, caregiver coping, and monitoring services. The roles and responsibilities of dialysis clinical social workers are complex; they are responsible for completing a variety of duties and tasks on a daily basis. The job becomes more complicated when social workers feel they do not have the full support of their interdisciplinary team members. Participants identified a need for teammate support when carrying out patients care. Next, I will apply the findings to the discussion in detail concerning the research question, the theory of planned behavior, and recent literature.

Theme 1: Social Worker Responsibilities

The dialysis clinical social worker is responsible for a variety of duties on a daily basis. Some participants reported feeling overwhelmed with the amount of work they are expected to complete without the help of staff members. The research question I address in this action research project is *how do dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses.* The finding, "social worker duties" relates to the research question as some participants reported there is not an effective line of

communication between social workers and other members of the interdisciplinary team. Furthermore, some participants identified the roles of social workers as being unclear to other members of the interdisciplinary team. Literature supports this finding of "uncertainty regarding the roles of clinical social workers" (Ambrose-Miller et al., 2016; Legood et al., 2016; Vungkhanching et al., 2016). The theory of planned behavior applies to this finding in helping clinical social workers understand their beliefs that predict their attitudes, subjective norms and perceived behavioral control concerning their roles and responsibilities as a member of the interdisciplinary team. For example, dialysis social workers may have unfavorable attitudes regarding communicating with other members of the interdisciplinary team due to past negative experiences related to the interdisciplinary team not seeking consultation from the social worker. According to the participants of this study, the dialysis social workers are responsible for communicating with other members of the interdisciplinary team regarding patients' care. As team members recognize the need for behavioral changes to address patients' needs adequately, the social worker may be more receptive to the subjective norms of others and seek to change unfavorable behaviors. The perceived behavioral control is the third component of the theory of planned behavior. During this phase, social workers attitudes and beliefs influence how well or difficult the individual perceives they will perform a particular behavior. The dialysis social worker can help other members of the interdisciplinary team understand the importance of communication amongst disciplines to address patients' needs promptly. Additionally, one finding revealed a responsibility of the dialysis social workers as providing education to patients and team members. Participants of this study

reported they are responsible for the following: (a) patient education, (b) teammate education, (c) homeroom education, (d) missed treatment education, (e) teaching professionalism to staff, and (f) in-service meetings. The dialysis social worker educates patients on a variety of topics, such as treatment modalities, advance directives, fluid education, medication adherence, and treatment adherence. It is important that patients remain aware of factors relating to their health and plan of care. For example, the dialysis social worker may educate patients' regarding their increased risk of developing symptoms of mental illnesses due having a diagnosis of end-stage renal disease. In connection with the research question, the social worker can work in close collaboration with other members of the interdisciplinary team to provide consultation on how to properly identify and respond to patients' displaying with symptoms of mental illnesses. When speaking to the participants, a reflexive journal was used to track my thinking processes. For example, some of the participants reported being responsible for several duties on a daily basis and in the reflexive journal I documented how I could relate to the participants' statements and their feelings of frustrations regarding being responsible for several duties. The reflexive journal allowed me to self-reflect on my underlying beliefs concerning the responsibilities that social workers assume.

Theme 2: Social Work Practice Barriers

Some participants of this study reported they lack support from the dialysis staff members. Social workers that do not have teammate support face a variety of emotions, such as feelings of isolation, and frustration that leads to burnout. Studies have shown that social workers are susceptible to burnout due to stressful work environments, lack of

resources and support (Lizano et al., 2015; Thomas et al., 2014; Wagaman et al., 2015). Furthermore, the recent literature supports the findings of this study as participants reported social work barriers, such as lack of community resources, interventions only last so long, communication issues, doesn't consult with social worker, and lack of support from teammates. In the reflexive journal, I documented reflections of the participants' statements. In doing so, it allowed for clarification and interpretation of the behaviors and beliefs to better understand the overall meaning of the participants' statements. The theory of planned behavior relates to this finding as it highlights the importance of creating healthy work conditions to address the need for teammate support within the dialysis setting. For example, the dialysis social workers may have adverse attitudes about the lack of support from other members of the interdisciplinary team. The dialysis teammates can make small behavioral changes to address the need for more teammate support, such as improving communication between disciplines to ensure each team member feels he or she receives adequate support. As other individuals adopt the new behavioral changes, the subjective norms in the dialysis setting will most likely influence the social workers' attitudes. Another factor that is capable of affecting the dialysis social workers attitudes about implementing the behavioral changes is their perceived behavioral control. For example, the social workers may consider other beliefs or behaviors when forming their perception about whether the positive behavioral changes will be difficult or easy to perform. This finding answers the research question by identifying barriers that can hinder the work of social workers when interfacing with patients presenting with symptoms of mental illnesses. For example, the finding of "lack

of teammate support" addresses the research question as participants have found it difficult to provide quality time with patients', and address patients' needs promptly. The participants of this study expressed feelings of isolation, overwhelmed, and frustrations due to lack of teammate support. A way to address the need for more teammate support would be for the clinical social workers to educate other members of the interdisciplinary team the importance of supporting each discipline, which can lead to better patient outcomes and improved patient care.

Theme 3: Effective Social Work Practice Outcomes

I categorized a group of codes under interdisciplinary team strengths that led to the category of effective and cohesive team, which led to the global theme of an effective social work practice outcomes. Some strengths of the interdisciplinary team members reported by participants included: (a) doctors address patients' needs; (b) interdisciplinary team members' works well together; (c) interdisciplinary team members open to suggestions; (d) respect; (e) social worker role vital; (f) teammates and doctors well informed; (g) supportive of social worker opinion; (h) interdisciplinary team members do not stereotype; and (i) consults with social worker. These strengths identified leads to an efficient and cohesive team within the dialysis setting, which contributes to effective social work practice outcomes. In the reflexive journal, I documented my feelings regarding the statements participants' provided that led to the finding of "effective social work practice outcomes". For example, in the reflexive journal, I recorded my thoughts about how most participants' statements described strengths of an effective and cohesive team. Furthermore, the reflexive journal assisted in the creation of the category

"interdisciplinary team strengths." For example, I used the reflexive journal to analyze the participants' statements to understand the underlying meaning of their discussions. Recent literature supports the findings of this study as one group of researchers identified effective collaboration amongst interdisciplinary team members consists of respect and trust, shared planning and decision making, team approach, and shared responsibility to name a few (Nancarrow et al., 2013). The theory of planned behavior applies to this finding in assisting the dialysis staff members in understanding the current strengths of interdisciplinary team members that lead to an effective and cohesive team. For example, in connection with the theory, the participants of this study identified the importance of having an effective and cohesive team when interfacing with patients within the dialysis setting. Furthermore, participants described strengths of interdisciplinary team members that have contributed to effective social work practice outcomes. The theory of planned behavior explained behavioral intentions of interdisciplinary team members. Key strengths identified by participants' that made for effective social work practice outcomes included adequately addressing patients' needs, open to suggestions, being respectful of other disciplines, and staying well informed. This finding addresses the research question of *how do dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses* by assisting clinical social workers in understanding they are a vital aspect of team, their clinical expertise is needed, and effective team collaboration can lead to better patient outcomes. The dialysis social workers are an important aspect as members of the interdisciplinary team as they are key informants when discussing

patients' care. For example, when patients present with mental health needs the dialysis social worker can discuss with the team a plan of action to ensure patients' needs are addressed and met promptly. The social worker has the clinical expertise needed to properly identify and respond to patients displaying symptoms of mental illnesses. They work in close collaboration with other members of the interdisciplinary team to provide consultation when needed to link patients with needed services. Furthermore, the dialysis social workers recognize the need for effective team collaboration when interfacing with patients in the dialysis setting. Additionally, the participants of this study found an effective and cohesive team can contribute to effective social work practice outcomes.

Theme 4: Patients' Biopsychosocial Challenges

The number of patients diagnosed with end-stage renal disease is steadily increasing (Jha et al., 2013). These patients face a variety of biopsychosocial challenges that can impede their health, overall functioning, social life, and outcomes. Patients with end-stage renal disease are at a greater risk for cardiovascular mortality in comparison to individuals in the same ranking as the general population (Jha et al.). Also, they are at an even greater risk for developing symptoms of mental illnesses (Bautovich et al., 2014). Each of these factors presents as biopsychosocial challenges that patients' face on a daily basis. For example, patients with end-stage renal disease pose a risk for cardiovascular mortality and developing symptoms of mental illnesses, and for patients having knowledge of the risk factors for end-stage renal disease, it can be detrimental to their emotional, physical, mental health and overall outcomes. In connection with the psychological factors, patients that display behavioral problems may have underlying

issues, such as mental illnesses that the dialysis team members may misinterpret as trouble patients. Additionally, patients face social challenges, such as lack of mental health resources in their rural community. Other social factors such as lack of social support and health education may also contribute to patients' biopsychosocial challenges. For example, it is important that patients have some form of social support, such as family, friends, church affiliates, or community members to be there for patients' in their time of need. In most cases, the dialysis team members are the only support system that patients have which presents as a social challenge. It is vital that the dialysis patients have a team of professionals that work effectively together to address patients' mental health needs promptly and provide proper health education to patients so they can better understand their diagnosis. Researchers have found effective communication is essential to increasing quality of patients' care and outcomes (Gausvik et al., 2015; Hepp et al., 2015; Weller et al., 2014). In the reflexive journal, I documented the effectiveness I felt when interviewing the participants. For example, as some of the participants' reported the patients' biopsychosocial challenges I could sense their feelings of relief by having a window to vent their frustrations regarding challenges patients face on a daily basis. In the journal, I documented the importance of the feedback given by the participants', that can help shape the findings of the study. The theory of planned behavior can be applied to the findings of "patients' biopsychosocial challenges" by giving dialysis staff members an opportunity to understand how their attitudes, subjective norms and perceived behavioral controls can influence patient outcomes and quality of care. For example, interdisciplinary team members who have a positive attitude or feelings about engaging

in behavioral changes, such as properly identifying and responding to patients that present with symptoms of mental illnesses may increase the quality of patients' care and outcomes. As more team members engage in behavioral changes, other individuals may be influenced by the implemented changes and will adapt to the new subjective norm. In the dialysis setting, team members are more likely to be motivated to change their behaviors if they notice those around them have demonstrated the behavioral changes. In connection to the third component of the theory of planned behavior, the perceived behavioral control refers to "an individual's perceived ease or difficulty of performing or facilitating a particular behavior" (Ifinedo, 2012, p. 85). For example, interdisciplinary team members may be reluctant to change their behaviors immediately. Some team members may feel there are no issues with their current behaviors. For those individuals that present resistance, it is key that they have support from other members of the interdisciplinary team to encourage and influence behavioral changes. It is also vital that the administration staff provide their dialysis team members with the tools, training, and skill sets needed to ensure the team members can facilitate the behavioral changes. This finding addresses the research question by assisting staff members in understanding that it requires a comprehensive team that can effectively communicate to ensure patients mental health needs are addressed.

Social Work Practice Implications

The participants of this study identified several challenges regarding interdisciplinary team efficacy, including: (a) staff does not utilize tools learned; (b) staff have unrealistic expectations of patients; (c) there is a lack of community resources; (d)

staff does not consult with the social worker; and (e) staff does not respect social workers. Some participants stated that they have too heavy a caseload and thus lack enough quality time with patients to address their needs, despite having the tools and education to address those needs. According to Decker et al. (2015), individual burnout and compassion fatigue are linked to heavy caseloads. Another group of researchers found that too heavy a caseload puts a significant amount of pressure on the caseworker to process the cases quickly (Vogus et al., 2016). While processing a caseload quickly allows more patients to be seen, it comes at the cost of lack of quality time spent with patients.

Participants also voiced concern that staff members have unrealistic expectations of patients. Most dialysis patients are faced with a variety of health issues that influence their level of functioning. Some staff members may perceive a patient to be noncompliant as far as medications or treatment, or see them as presenting with behavioral issues that actually are signs of an underlying problem that can be complicated, such as a mental health illness like depression, or as simple as transportation problems. These are all variables that staff members should consider before concluding about patients. A group of researchers conducted a study to explore the relationship between quality of life, depression, the perception of the seriousness of the illness, and adherence to treatment among Jordanian patients with end-stage renal disease on maintenance hemodialysis (Nabolsi et al., 2015). The results of the study identified more than 50% of the dialysis patients reported moderate to severe depression. Furthermore, patients diagnosed with end-stage renal disease had a decreased level of quality of life. The group of researchers

identified a positive correlation between quality of life and perceived seriousness of illness (Nabolsi et al., 2015).

Participants reported a definite lack of community resources within the rural region of Texas. Limited resources make it difficult for clinical social workers to make the referrals needed to connect patients with services (Chavez et al., 2017; Murray et al., 2014; Sinclair et al., 2013). Some participants voiced their concerns regarding patients' having to travel long distances to receive vital services, which can be a struggle when patients have transportation issues (Murray et al.). There are a rising number of individuals developing end-stage renal disease. Patients present with several challenges due to having this diagnosis. Participants identified lack of local resources within rural areas to be one of those problems. One group of researchers identified lack of health care resources can range from the following: (a) number of trained personnel, (b) diagnostic tools, and (c) treatment options (Lunyera et al., 2016). Additionally, this group of researchers discussed the International Society of Nephrology set a goal to eliminate preventable deaths by the year 2025, but there were challenges identified due to lack of resources and awareness related to patients with kidney disease (Lunyera et al.). Participants' of this study identified a need address the issues related to a lack of resources in rural areas as patients' health and outcomes might be detrimental if not linked to appropriate services.

Some participants thought that clinical social workers are not being consulted regarding patients care. These participants felt they are only consulted as a last resort or if other staff members are unsure of what to do. The theory of planned behavior can be used

to understand why staff members engage in a particular work environment behavior. This discussion led to the final challenge identified: clinical social workers do not feel respected within the dialysis setting. The social workers in the study feel their opinion is not valued, while they are given the tasks that other dialysis personnel do not want to do. Some participants further described social workers as undervalued, unimportant and not respected by other members of the interdisciplinary team. One study identified social workers experience higher role conflicts in comparison to their colleagues (Cameron et al., 2014). According to Cameron et al. (2014), the social work values and model is not respected by other health professionals, which led to a lack of appreciation of their contribution to the multi-professional teams.

Unexpected Findings

This section discusses the findings I had not expected. I explain what my expectations were and why a finding was unexpected. I used a reflexive journal to identify unexpected findings as I processed my thoughts and feelings regarding the study findings. The theory of planned behavior assisted in identifying unexpected findings of this study. Furthermore, this theory was used to determine behavioral changes that can be implemented to ensure patients receive quality care and access to care promptly.

One finding that I did not expect was that some participants felt doctors are too busy to address a patient's mental health needs. Theoretically, behavior change techniques, such as goal setting can encourage doctors to make small achievable behavioral changes to ensure patients' mental health needs are met (Yardley et al., 2015). This surprised me because of my preconceived belief that medical professionals,

including doctors, are expected to address all of the patients' needs to ensure that patients receive quality services. For example, a participant made the following statement:

> P1: ... I just don't. They just don't care about, or they appear not to care about that aspect. ... If I try to bring up that issue. ... It's like they dismiss me... I think my biggest obstacle is the doctors.

In my reflexive journal (see Appendix D), I documented my feelings about this finding. I became emotionally attached to this study and thus personally biased because I could relate to the participants' frustrations about the clinical social work problem of a comprehensive response to patients who are on dialysis and have a mental illness (see Appendix D for Reflexive Journal). As a researcher, I maintained awareness of this bias so I could account for it and remain as objective as possible throughout the study.

Another finding I did not expect is that the clinical social workers felt they lack teammate support. From a theoretical perspective, the social workers can seek to understand what roles they play in this dynamic and the behavioral changes that they can implement. I did not expect this because I personally feel that dialysis clinical social workers are a part of the interdisciplinary team. The interdisciplinary team includes several professionals who are supposed to work together for the greater good of the patients. Each individual on the interdisciplinary team provides a unique expertise that is vital for providing key services to patients. My bias, therefore, is that everyone on the team ought to work together to ensure that patients receive quality services.

One other unexpected finding was some participants reported the staff members are not compassionate toward patients. The theory of planned behavior informed this

finding by understanding the attitudes towards a behavior are based on behavioral beliefs (De Leeuw et al., 2015). Dialysis patients face many obstacles on a daily basis, complicated by the diagnosis of end stage renal disease and having to come in for dialysis three days a week. My bias is that dialysis staff members should remember that patients are people too and should be treated with compassion. Participants made the following statements:

> P3: That's where we have a problem we don't communicate with the patients like that.

> P2: They take for granted that our patients know those things but it ... doesn't matter, they still need to be treated like humans, they still need that compassion.

There can be a power struggle between the registered dietitian and dialysis clinical social worker, according to some participants of this study. I found this finding unexpected as I feel that each of these professionals should have the same goal in mind, which is to provide patient- centered care. A participant of this study made the following statement regarding the issue of power between the registered dietitian and clinical social worker:

> P3: … I was kind of upset and felt like you know insulted in a way cause she didn't consult with me and I'm knowing this patient's history and what I have done for the patient and it was documented in the notes as well and so it was just kind of like, oh well, I'm not even going to bother, I'm just going to do this application and get it done, if I don't do it it's not going to get done and that's not the case. You know, not at all. But that's … the way she feels … .

Summary

Section three consists of a detailed analysis of the findings from this study. I collected and interpreted the data from three focus group sessions. I discussed the focus group questions I used as a guide for each session. Through analysis of the transcribed data, I identified several themes relating to participants' roles and responsibilities in appropriate patient care. The process of member checking was used to verify the accuracy of the transcripts.

The next section provides a brief introduction as to the purpose and nature of the study before moving on to relevant lessons learned by the participants and how the findings apply to professional practice. I follow this with a discussion of potential solutions for the identified social work problem and the implications for social change. Finally, I summarize the key principles of the study.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of my study was to develop an understanding of how dialysis clinical social workers perceive their roles within the interdisciplinary team with regard to identifying and responding to patients with mental illnesses. Using action research has several benefits, including enhancing decision making among clinical social workers and instilling a commitment to continuous improvement of social issues, as such an approach promotes self-reflection and self-assessment (Glanz, 2014). Another benefit of this action research project is that the findings can assist clinical social workers to understand their roles and responsibilities when interfacing with patients with mental illness, thus ensuring that patients receive quality service.

Key findings identified in the focus group sessions included how education plays a significant role in the treatment of patients with mental illnesses and the fact that clinical social workers feel overwhelmed with work, in part because of a lack of support from other disciplines. Some clinical social workers found that educated professionals appear to address patients with mental illnesses appropriately, but some other staff members avoid their obligation to pursue continuing education so as to ensure quality service to patients. Social workers can play a vital role on the interdisciplinary team by educating other staff members on how to identify and respond to patients with symptoms of mental illness.

Heavy caseloads are another problem identified. As one participant indicated, “I feel overwhelmed, because we are given more tasks on a weekly basis, and before you can provide or learn the task presented you are given another task.” Clinical social

workers feel they are unable to provide quality time and service to patients because of high caseloads. Participants discussed how the multiple tasks they perform daily despite lack of support from other disciplines contribute to their feelings of exhaustion (Berkel et al., 2016; Thomas et al., 2014; Travis et al., 2015).

The participants of this study identified possible solutions to address the clinical social work practice problem. The first recommendation is for clinical social workers to host an in-service training to educate interdisciplinary team members on the importance of consulting the social worker on ways to identify and respond to patients presenting with symptoms of a mental illness. According to Yardley et al. (2015), behavior change techniques can be challenging, and adherence to the interventions is often a low priority. During the in-service training, the clinical social worker can give a brief introduction about the purpose of the meeting and provide examples or case scenarios of when it would be appropriate to consult with the social worker regarding a particular matter. Furthermore, it will assist the staff members in knowing their roles in providing consultation to the social worker to provide better patient-care and improve patient outcomes.

Another recommendation is to increase teammate support for social workers within the dialysis settings. Social workers reported that they are expected to complete tasks that other professionals do not want to address, which causes the social workers to feel overwhelmed. According to some of the participants, there is an expectation that social workers will address patients' problems quickly without support from their team. Social workers need support from interdisciplinary team members, so they do not feel

alone with no one to turn to for help as needed. The dialysis clinical social workers can address the need for increased teammate support by informing the other members of the interdisciplinary team about how increased teammate support can have a positive influence on the social worker, staff members, and the patients. Increased teammate support can have a positive influence on the social worker and staff members by assisting them in feeling less overwhelmed, overworked, and may decrease burnout. The increase in teammate support can have a positive influence on patients' because when staff members adequately support one another patients' needs are more likely to be met promptly.

Some participants of this study mentioned in the focus group session that some staff members lack knowledge regarding mental illness. A recommendation to address this issue is to provide teammate education on related topics about patients presenting with symptoms of mental illnesses. Teammate education can also discuss how staff members identify and respond to patients presenting with symptoms of mental illnesses.

It is important to also address staffing issues within the dialysis setting, which can take place on an administrative level. The dialysis clinical social worker may resolve this matter through informal communication with the facility administrator at the dialysis clinic. The social worker can work in close collaboration with the administrator to brainstorm ideas about ways to address staffing issues, which is causing staff members to be overworked, patient overloaded, and lack teammate support.

Last, the participants of this study would like to ensure they address patients' mental and emotional concerns. A recommendation to address this concern is for the

clinical social worker to host an in-service meeting on the topic of ways to address patients' mental and emotional concerns. Some participants of this study reported patients present with a variety of issues, such as depression, anxiety, needle phobia, anger, and nervousness. The dialysis clinical social worker can educate the team on ways to provide better patient-centered care in an empathic manner to meet patients' mental and emotional needs.

Application for Professional Ethics in Social Work Practice

As mentioned in the previous sections, the National Association of Social Worker's Code of Ethics is a set of principles to help guide social workers' professional conduct (2008). In this action research project, I emphasized two core values related to clinical social work practice: service and recognizing the importance of human relationships (National Association of Social Workers, 2008). My research provides new information that can help guide ethical practices by social workers. The ethical principle of service states that a social worker's primary goal is to help people in need address a social problem. The other ethical principle is recognizing the importance of human relationships as a key factor when facilitating change in an organization (National Association of Social Workers, 2008). For example, the dialysis social worker can strengthen the relationship between agency personnel and patients by educating the staff on how to respond properly to patients displaying mental illness symptoms.

Furthermore, the Code of Ethics (National Association of Social Workers, 2008) identified several ethical principles that social workers need to consider in practice, including (a) pursuing social justice, (b) valuing the worth of a person, and (c)

recognizing the importance of human relationships. These principles are at the foundation of social work professionalism and should guide clinical social work practice at dialysis centers and other settings in the community (National Association of Social Workers, 2008). These ethical principles help guide my current practice as a clinical social worker as well.

The action research project supported these values and principles as I sought to conduct research and contribute to the body of knowledge concerning clinical practices at dialysis centers while respecting the confidentiality of the participants and maintaining an honest and open relationship with them. I complied with the latter principle by requiring each participant to review the informed consent document and reply via email "I consent" before engaging in study-related activities. Such values are consistent with social work ethics pertaining to enhancing the well-being of individuals, families, social groups, organizations, and communities (National Association of Social Workers, 2008). The Code of Ethics also compels social workers to promote and facilitate evaluation and research, which contributes to the development of knowledge (National Association of Social Workers, 2008).

Recommendations for Social Work Practice

I chose the theory of planned behavior for this study as it provided a framework for understanding the often-misunderstood conduct of dialysis patients. According to some of the participants in the study, dialysis personnel in the rural region of Texas often express unfavorable beliefs about patients' behaviors and form opinions about patients without considering factors such as the patients' mental health status. The theory of

planned behavior can inform clinical social workers' understanding of their roles and responsibilities when providing consultation to the interdisciplinary team on how to identify and respond to patients presenting with symptoms of mental illness. According to Ifinedo (2012), the theory supports the researcher in describing how attitudes, subjective norms, and perceived behavioral controls influence individual behavior.

Attitudes

In an organizational setting, attitudes influence an individual's feelings towards engaging a particular behavior either positively or negatively. According to Ifinedo (2012), "attitude is defined as the individual's positive or negative feelings toward engaging in a specific behavior, (p. 85)". Theoretically, concerning this study, the attitudes about participating in a particular behavior influence individuals' willingness to change any unfavorable ways. For example, the dialysis team members may feel there is nothing wrong with their current behavior and have resistance or a negative attitude about a particular behavior change. In contrast, the team members may have a positive attitude about implementing the behavioral change and understand the reasoning for the modification. Additionally, when dialysis team members believe adopting positive behavioral changes mainly produce positive outcomes their attitudes towards the behaviors will be more favorable. In contrast, the dialysis team members' associate positive behavioral changes with mainly negative consequences their attitudes will be unfavorable. Furthermore, the theory of planned behavior also proposes there are a variety of factors that influence an individual's attitudes about performing a particular behavior, which includes age, sex, ethnicity, socioeconomic status, education, personality

and past experiences (De Leeuw et al., 2015). In connection with this study, participants reported a lack of mental health education to be a key factor as to why dialysis team members display unfavorable beliefs or attitudes about patients. Participants recommended that dialysis team members receive education and training in homeroom and in-service meetings on how to properly identify and respond to patients displaying symptoms of mental illnesses.

Subjective Norms

Subjective norms are an individual's perception of what people, whom they consider important think about a given behavior (Ifinedo, 2012). Also, an individual's behavior is influenced or motivated by what he or she observes to be the norm in his or her environment (Ifinedo). Concerning this study, the dialysis staff members are more likely to be influenced by what he or she views normal behavioral to be within the dialysis setting. One way to bring about behavioral change is through the use of social modeling. According to Isensee & Kroner-Herwig (2015), social modeling, also known as the social learning theory by Bandura, is the influence of one individual by a person or group of people. One may hypothesize that a person can acquire knowledge through observation and interaction with a person attitudes and behaviors about a particular matter (Isensee & Kroner-Herwig, 2015). Once one individual adopts a positive behavioral change other staff members can make small changes that can lead to a new social norm. For example, the participants of this study identified a challenge of interdisciplinary team members' efficacy to be as "interventions only last so long." The dialysis social workers have assumed the responsibility of educating team members by

hosting in-service and homeroom meetings. Participants reported once team members receive education on a particular topic the team may make the needed behavioral changes for a short while but then slowly result back to doing things as they have done in the past. Lack of team members, ongoing support, and time could all be factors that contribute to interventions lasting for a short period. These issues identified a need to address what systems are in place in the dialysis setting to ensure interventions are carried long term by team members.

Perceived Behavioral Controls

Perceived behavioral control relates to an individual's perceived ease or difficulty of performing or facilitating a particular behavior (Ifinedo, 2012). The dialysis staff members can make small behavioral changes to ensure that the changes that are implemented goes smoothly. The clinical social workers can review the staff members' progress with them during the in-service meetings and make needed changes along the way. The dialysis staff members' positive behavioral changes will aid in making better decisions in patients' care.

Participants in this study stated that there were communication issues between themselves and the interdisciplinary team members. Members of the interdisciplinary team are not consulting appropriately with the social worker regarding the patients. Some participants felt there are communication barriers between the interdisciplinary team members and social workers because of the different educational backgrounds of each discipline. This has been extensively discussed in the literature by several researchers (Chang et al., 2014; Mclnnes et al., 2015; Visser et al., 2014; Weller et al., 2014; Yong et

al., 2014). These issues identified a need to address the current relationship between clinical social workers and interdisciplinary team members in order to establish a healthy working relationship.

Recommendations for Social Work Practice

The findings of this study extend the body of knowledge regarding how dialysis clinical social workers view their roles and responsibilities when providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illness. During the focus group sessions, the participants provided insight into their roles and responsibilities in the dialysis clinical setting. The participants of this study concluded that social workers' roles are very complex and they do not feel they have the support they desire or need from interdisciplinary team members.

The findings of this study can benefit dialysis clinical social workers by helping them understand their roles and responsibilities when providing consultation to the interdisciplinary team members on how to properly identify and respond to patients with mental illness. Further research on this topic is needed, in particular research that also explores the perceptions of the other members of the interdisciplinary team. Also, the theory of planned behavior can be used to investigate specific factors that influence behavioral intentions. Others may wish to expand on the exploration of clinical social workers' roles and responsibilities in providing consultation to interdisciplinary team members.

In my role as a dialysis social worker, I have observed social work personnel who have not consistently exhibited a comprehensive response to patients with mental

illnesses. Furthermore, in my current clinical setting, team members seldom consult social workers regarding patients who present with mental health symptoms. Such lack of proactive strategies limits the dialysis social workers' ability to use interventions and outside referrals appropriately.

The next step dialysis centers agency staff can take is to implement the recommended solutions by consulting clinical social workers in a timely manner to ensure they meet patient's needs. Agency staff can delegate tasks among the interdisciplinary team members to assure that the clinical social workers have the support of the team. Such steps can help ensure that the clinical social workers will be well informed when addressing patients' needs and will have teammate support as they carry out needed interventions.

Participants of this study verified that there are communication issues between themselves and the interdisciplinary team members. Members of the interdisciplinary team are not consulting with the social worker regarding the patients. If dialysis team members begin consulting clinical social workers in a timely manner and approach patient care in a manner that enables teammates to support each other, the result may be better outcomes for patients. One group of researchers identified timing of screening patients to be essential in identifying patients that are at a greater risk for distress (Pirl et al., 2014). These researchers further found screening for distress improves patient outcomes when linked to effective system of treatment (Pirl et al., 2014).

The theory of planned behavior approach can help to empower clinical social workers by making them feel valued as professionals. The clinical social workers may

feel appreciated and empowered when their clinical expertise is acknowledged within the dialysis setting. Having teammate support can offer overworked clinical social workers a sense of relief, knowing they will have help when tackling multiple tasks throughout the day.

I can improve my own practice as a social worker by educating my interdisciplinary team members on the findings of this study, which in turn can help improve patient outcomes. The theory of planned behavior relates to this aspect by assisting in understanding the behavioral intention to engage in positive behavioral changes to ensure patients receive quality care. They may be more aware and informed regarding the importance of communicating and consulting with the clinical social worker regarding a patient's mental health. Furthermore, I can improve my practice as a social worker when I help agency staff understand the need for social worker teammate support by informing the staff members the results of this study and the participants' recommended solutions.

Clinical social workers can evaluate the recommended solutions by first understanding the clinical social work problem. The clinical social work problem I sought to understand was clinical social workers' comprehensive responses when interacting with patients who are on dialysis and have a mental illness. The next step in evaluating the recommended solutions is by addressing how to identify desired benefits and any social barriers while considering clinical social workers' thoughts about the recommended solutions. Clinical social workers can implement the recommended solutions to see how well they produce the desired outcomes.

Implications for Social Change

I intend to foster positive social change by offering the insights I have gained into the roles of dialysis social workers responding to patients displaying symptoms of mental illness not just to other social workers or dialysis team members, but to other people in the community. On a local level, the participants of this project can educate members of their respective interdisciplinary teams on key points learned during this project. By educating the interdisciplinary team members, it may enable them to effectively communicate with the social worker and seek consultation when interfacing with patients displaying symptoms of mental illnesses. The participants' can give feedback to their team regarding how being a part of this study has influenced the way they view their roles in this clinical social worker issue. Furthermore, the participants of this study can inform their team about what steps they can take towards making small behavioral changes to ensure quality patient care. The use of social modeling to overcome obstacles can assist the team in fostering change in the dialysis setting (Yardley et al., 2015). According to Isensee & Kroner-Herwig (2015), social modeling, also known as the social learning theory by Bandura, is the influence of one individual by a person or group of people. Furthermore, when considering social change on a local level, the roles and responsibilities of the dialysis social worker includes considering the interactions between other members of the interdisciplinary team, such interactions include: (a) displaying effective communication skills, and (b) providing consultation to other members of the interdisciplinary team regarding patients displaying symptoms of mental illnesses. In connection with social change, researchers have found that interdisciplinary

team members that have an active line of communication are more susceptible to addressing patients' needs in a timely manner. Additionally, when other members of the interdisciplinary team seek consultation from the dialysis social worker when addressing patients displaying symptoms of mental illnesses, it may foster better patient outcomes by ensuring that the social worker provide or link the patients to needed services promptly. When addressing patients' needs promptly, it can ultimately reduce unnecessary medical costs, increase patients' quality of life, and promote better patient outcomes. The outcomes of this study can inform organizations, such as dialysis centers throughout the rural region of Texas; individuals; families and medical professionals regarding the roles and responsibilities of the dialysis social worker when providing consultation to other members of the interdisciplinary team concerning patients displaying symptoms of mental illnesses.

Social change can occur on an organizational level when agency staff members understand the need to reduce patients' struggles, which will affect patients' outcomes and quality of life. By assisting agency team members in understanding the need to reduce patients' struggles, it may have an impact on society by increasing the interest of understanding this social work problem from an organizational to national level, which may influence outside individuals to investigate and understand what factors contribute to interdisciplinary team members not actively seeking consultation from the social worker. Dialysis team members can make small behavioral changes, such as increasing communication between the dialysis social worker and themselves and consulting with the social worker concerning patients displaying symptoms of mental illnesses, which can

have a significant influence on how well team members work together. In turn, these small behavioral adjustments can foster positive social change from an organizational to a national level when others adopt the behavioral changes through the use of social modeling. The result of the behavioral changes can benefit patients' who direly need a team of professionals that can cohesively work together for the greater good all patients.

Positive social change on a societal level can occur when the clinical social worker has an effect on the greater societal system when the recommended solutions are implemented and patient outcomes begin to improve. For example, the participants in this study reported they do not have the support of other members of the interdisciplinary team. Researchers suggest when professional disciplines work together cohesively there will more likely be an increase in better patient outcomes due to promptly addressing patients' needs when linked to an effective system of treatment (Pirl et al., 2014). Participants reported on a societal level positive change can occur as more individuals are made aware of the social work problem identified in this study to understand better what factors contribute to the challenges social workers face when working as a member of the interdisciplinary team when providing consultation on how to properly identify and respond to patients' displaying with symptoms of mental illnesses. The clinical social workers can improve patient outcomes by making small behavioral changes within their respective interdisciplinary teams that can ultimately lead to social change on a national level as more individuals' are made aware of the social work problem through the use of social modeling, and by disseminating findings in public settings to educate others about the importance of working cohesively together to address patients' needs promptly, and

ensure patients receive needed services. The changes in behavior can have an influence on how well members of the interdisciplinary team work together in providing quality care to patients' presenting with symptoms of mental illnesses. These changes implemented can assist the team in early identification and treatment of mental illnesses, which can have a societal influence of decrease in unnecessary funding, better patient outcomes, increase in treatment adherence, and enhanced patient quality of life.

The findings from this project contribute to a wider body of knowledge by bringing about awareness to dialysis staff members, clinical social workers, members of an interdisciplinary team and anyone interested in the identified clinical social work problem. Furthermore, the findings of this project can contribute to the wider body of knowledge by helping clinical social workers understand their roles and responsibilities when providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illness.

Summary

The action research question I addressed was identifying how dialysis clinical social workers perceive their roles in providing consultation to the interdisciplinary team members on how to identify and respond to patients with mental illnesses. My goal with this action research study was to understand the clinical social workers' perception of their roles and responsibilities related to appropriate delivery of services to dialysis patients. The findings of this study will also foster positive social change in the rural community of Texas by: (a) improving the effectiveness of the roles of dialysis social workers when responding to patients displaying symptoms of mental illness; (b) reducing

patients' struggles; and (c) ensuring patients have access to quality care. The recommended solutions can help to empower clinical social workers by making them feel valued as professionals and by members of the interdisciplinary team giving them support when tackling several tasks throughout the day. The findings of this study underscore the need for social work expertise in the dialysis settings, as social workers are trained in the clinical aspects of mental illness.

I plan on having this project published in a professional journal in order to disseminate the information produced in this project. Publication can help raise awareness to the public and to those who are interested in this topic. Another way to disseminate the information produced in this project is by presenting my work at topic-related conferences.

References

Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges faced by social workers as members of interprofessional collaborative health care teams. *Health & Social Work*, *41*(2), 101-109. https://doi.org/10.1093/hsw/hlw006

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies (JETERAPS)*, *5*(2), 272-281. Retrieved from http://jeteraps.scholarlinkresearch.com/

Aronson, J. (1995). A pragmatic view of thematic analysis. *The Qualitative Report*, *2*(1), 1-3. Retrieved from http://nsuworks.nova.edu/tqr/vol2/iss1/3

Bautovich, A., Katz, I., Smith, M., Loo, C. K., & Harvey, S. B. (2014). Depression and chronic kidney disease: A review for clinicians. *Australian & New Zealand Journal of Psychiatry*, *48*(6), 530-541.

Baykan, H., & Yargic, I. (2012). Depression, anxiety disorders, quality of life and stress coping strategies in hemodialysis and continuous ambulatory peritoneal dialysis patients. *Klinik Psikofarmakoloji Bülteni / Bulletin of Clinical Psychopharmacology*, *22*(2), 167-176. doi:10.5455/bcp.20120412022430

Berkel, R., & Knies, E. (2016). Performance management, caseloads and the frontline provision of social services. *Social Policy & Administration*, *50*(1), 59-78. doi: 10.1111/spol.12150

Boudreau, J. É., & Dubé, A. (2014). Quality of life in end-stage renal disease: A concept analysis. *CANNT Journal*, *24*(1), 12-20. Retrieved from http://www.cannt.ca/en/cannt _journal/

Boulware, L. E., Hill-Briggs, F., Kraus, E. S., Melancon, J. K., Falcone, B., Ephraim, P. L., ... & Kolotos, M. (2013). Effectiveness of educational and social worker interventions to activate patients' discussion and pursuit of preemptive living donor kidney transplantation: a randomized controlled trial. *American Journal of Kidney Diseases*, *61*(3), 476-486. Retrieved from: https://doi.org/10.1053/j.ajkd.2012.08.039

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. Retrieved from http://eprints.uwe.ac.uk/11735

Cameron, A., Lart, R., Bostock, L., & Coomber, C. (2014). Factors that promote and hinder joint and integrated working between health and social care services: A review of research literature. *Health & Social Care in the Community*, *22*(3), 225-233. doi: 10.1111/hsc.12057

Chan, R., Brooks, R., Erlich, J., Gallagher, M., Snelling, P., Chow, J., & Suranyi, M. (2014). How do clinical and psychological variables relate to quality of life in end-stage renal disease? Validating a proximal–distal model. *Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care & Rehabilitation*, *23*(2), 679-688. doi:10.1007/s11136-013-0499-1

Chang, E. T., Wells, K. B., Young, A. S., Stockdale, S., Johnson, M. D., Fickel, J. J., ... & Rubenstein, L. V. (2014). The anatomy of primary care and mental health clinician communication: A quality improvement case study. *Journal of General Internal Medicine*, *29*(2), 598-606. Retrieved from: https://doi.org/10.1007/s11606-013-2731-7

Chavez, L. J., Kelleher, K. J., Matson, S. C., Wickizer, T. M., & Chisolm, D. J. (2017). Mental health and substance use care among young adults before and after Affordable Care Act (ACA) implementation: A rural and urban comparison. *The Journal of Rural Health*, doi: 10.1111/jrh.12258

Chiang, H., Guo, H., Livneh, H., Lu, M., Yen, M., & Tsai, T. (2015). Increased risk of progression to dialysis or death in CKD patients with depressive symptoms: A prospective 3-year follow-up cohort study. *Journal of Psychosomatic Research*, *79*(3), 228-232. doi:10.1016/j.jpsychores.2015.01.009

Chilcot, J., Norton, S., Wellsted, D., Davenport, A., Firth, J., & Farrington, K. (2013). Distinct depression symptom trajectories over the first year of dialysis: Associations with illness perceptions. *Annals of Behavioral Medicine*, *45*(1), 78-88. doi:10.1007/s12160-012-9410-5

Choi, J. (2012). Context and creativity: The theory of planned behavior as an alternative mechanism. *Social Behavior and Personality*, *40*(4), 681-692. doi:10.2224/sbp.2012.40.4.681

Chong, W. W., Aslani, P., & Chen, T. F. (2013). Shared decision-making and interprofessional collaboration in mental healthcare: a qualitative study exploring

perceptions of barriers and facilitators. *Journal of Interprofessional Care, 27*(5), 373–-79. doi:10.3109/13561820.2013.785503

Corbin Frazier, L., & Eick, C. (2015). Approaches to critical reflection: Written and video journaling. *Reflective Practice ,16*(5), 575-594. doi:10.1080/14623943.2015.10643

Craig, S., Frankford, R., Allan, K., Williams, C., Schwartz, C., Yaworski, A., Janz, G., & Malek-Saniee, S. (2016). Self-reported patient psychosocial needs in integrated primary health care: A role for social work in interdisciplinary teams. *Social Work in Health Care,* 1–20. doi:10.1080/00981389.2015.1085483

Cukor, D., Halen, N., Asher, D., Coplan, J., Weedon, J., Wyka, K., Saggi, S.& Kimmel, P. (2013). Psychosocial intervention improves depression, quality of life, and fluid adherence in hemodialysis. *Journal of the American Society of Nephrology*, *25* (1), 196–206. doi:10.1681/asn.2012111134

Davis, T., Guada, J., Reno, R., Peck, A., Evans, S., Sigal, L., & Swenson, S. (2015). Integrated and culturally relevant care: A model to prepare social workers for primary care behavioral health practice. *Social Work in Health Care*, *54*(10), 909–938. doi:10.1080/00981389.2015.1062456

Decker, J. T., Brown, J. L. C., Ong, J., & Stiney-Ziskind, C. A. (2015). Mindfulness, compassion fatigue, and compassion satisfaction among social work interns. *Social Work and Christianity*, *42*(1), 28.

Deen, T. L., Bridges, A. J., McGahan, T. C., & Andrews, A. I. (2012). Cognitive appraisals of specialty mental health services and their relation to mental health

service utilization in the rural population. *Journal of Rural Health*, *28*(2), 142-151. doi:10.1111/j.1748–0361.2011.00375.x

De Leeuw, A., Valois, P., Ajzen, I., & Schmidt, P. (2015). Using the theory of planned behavior to identify key beliefs underlying pro-environmental behavior in high-school students: Implications for educational interventions. *Journal of Environmental Psychology*, *42*, 128-138.

DePasquale, N., Hill-Briggs, F., Darrell, L., Boyér, L. L., Ephraim, P., & Boulware, L. E. (2012). Feasibility and acceptability of the TALK social worker intervention to improve life kidney transplantation. Health & Social Work, 37(4), 234-249. doi:10.1093/hsw/hls034

Eneanya, N. D., Goff, S. L., Martinez, T., Gutierrez, N., Klingensmith, J., Griffith, J. L., & Cohen, L. M. (2015). Shared decision-making in end-stage renal disease: A protocol for a multi-center study of a communication intervention to improve end-of-life care for dialysis patients. *BMC Palliative Care*, *14*(1), 1–7. doi:10.1186/s12904-015-0027-x

Erdley, S. D., Gellis, Z. D., Bogner, H. A., Kass, D. S., Green, J. A., & Perkins, R. M. (2014). Problem-solving therapy to improve depression scores among older hemodialysis patients: A pilot randomized trial. *Clinical Nephrology*, *82*(1), 26–33. doi:10.5414/CN108196

Feldman, R., Berman, N., Reid, M., Roberts, J., Shengelia, R., Christianer, K., Eiss, B. & Adelman, R. (2013). Improving symptom management in hemodialysis patients:

Identifying barriers and future directions. *Journal of Palliative Medicine, 16*(12), 1528–1533. doi:10.1089/jpm.2013.0176

Feroze, U., Martin, D., Patton, A., Zadeh, K. & Kopple, J. (2010). Mental health, depression, and anxiety in patients on maintenance dialysis. *Iranian Journal of Kidney Disease, 4*(3), 173–180. Retrieved from http://www.ijkd.org/index.php/ijkd

Fiabane, E., Giorgi, I., Sguazzin, C. and Argentero, P. (2013). Work engagement and occupational stress in nurses and other healthcare workers: The role of organizational and personal factors. *Journal of Clinical Nursing, 22*, 2614–2624. doi: 10.1111/jocn.12084

Finkelstein, F. &Finkelstein, S. (2015). Depression in chronic dialysis patients: Assessment and treatment. *Oxford Journals 15*(12), 1911-–1913. doi:10.1093/ndt/15.12.1911

Fitzpatrick, J., & Mccarthy, G. (2014). *Theories guiding nursing research and practice.* New York: Springer Publishing Company.

Gallagher, K., & Updegraff, J. (2012). Health message framing effects on attitudes, intentions, and behavior: A meta-analytic review. *Annals of Behavioral Medicine, 43*(1), 101–116. doi:10.1007/s12160-011-9308-7

García-Llana, H., Remor, E., del Peso, G., Celadilla, O., & Selgas, R. (2014). Motivational interviewing promotes adherence and improves wellbeing in pre-dialysis patients with advanced chronic kidney disease. *Journal of Clinical Psychology in Medical Settings, 21*(1), 103–115. doi:10.1007/s10880-013-9383-y

Gausvik, C., Lautar, A., Miller, L., Pallerla, H., & Schlaudecker, J. (2015). Structured nursing communication on interdisciplinary acute care teams improves perceptions of safety, efficiency, understanding of care plan and teamwork as well as job satisfaction. Journal of multidisciplinary healthcare, 8, 33.

Glanz, J. (2014). *Action research: An educational leader's guide to school improvement.* Lanham, MD: Rowman and Littlefield.

Goldblatt, H., Karnieli-Miller, O., & Neumann, M. (2011). Sharing qualitative research findings with participants: Study experiences of methodological and ethical dilemmas. *Patient Education Counsel, 82*(3), 389–395. doi:10.1016/j.pec.2010.12.016

Graham, J., & Shier, M. (2014). Profession and workplace expectations of social workers: Implications for social worker subjective well-being. *Journal of Social Work Practice. 28*(1), 95–110. doi:10.1080/02650533.2013.810613

Greaves, M., Zibarras, L., & Stride, C. (2013). Using the theory of planned behavior to explore environmental, behavioral intentions in the workplace. *Journal of Environmental Psychology*, *34*, 109–120. doi:10.1016/j.jenvp.2013.02.003

Haverkamp, G. G., Loosman, W. L., van den Beukel, T. O., Hoekstra, T., Dekker, F. W., Shaw, P. C., &... Siegert, C. H. (2016). The association of acculturation and depressive and anxiety symptoms in immigrant chronic dialysis patients. *General Hospital Psychiatry*, 3826–30. doi:10.1016/j.genhosppsych.2015.09.002

Hedayati, S., Yalamanchili, V., & Finkelstein, FO. (2012). A practical approach to treatment of depression in patients with chronic kidney disease and end-stage renal disease. *Kidney Int., 81*(3), 247–255. doi:10.1038/ki.2011.358

Hepp, S. L., Suter, E., Jackson, K., Deutschlander, S., Makwarimba, E., Jennings, J., & Birmingham, L. (2015). Using an interprofessional competency framework to examine collaborative practice. Journal of interprofessional care, 29(2), 131-137.

Ifinedo, P. (2012). Understanding information systems security policy compliance: An integration of the theory of planned behavior and the protection motivation theory. *Computer and Security. 31*(1), 83–95. doi:10.1016/j.jenvp.2013.02.003

Irajpour, A., Alavi, M., Abdoli, S.,& Saberizafarghandi, M. (2012). Challenges of interprofessional collaboration in Iranian mental health services: A qualitative investigation. *Iranian Journal of Nursing and Midwifery Research, 17*(2), 171–177. Retrieved from http://www.ijnmr.mui.ac.ir/index.php/ijnmr

Isensee, C., & Kröner-Herwig, B. (2015). Influence of social modeling and learning on somatic, emotional and functional disability in children with headache. *Internet J Pain Symptom Control Palliat Care*, *10*(1), 1-14.

Jackson, K. (2014). Nephrology social work: Caring for the emotional need of dialysis patients. *Social Work Today. 14*(5), 20. Retrieved from http://www.socialworktoday.com/

Jha, V., Garcia-Garcia, G., Iseki, K., Li, Z., Naicker, S., Plattner, B., ... & Yang, C. W. (2013). Chronic kidney disease: global dimension and perspectives. The Lancet, 382(9888), 260-272.

Jones J., Nijman H., Ross J., Ashman N., & Callaghan P. (2014). Aggression on hemodialysis units: A mixed method study. *Journal of Renal Care 40*(3), 180–193. doi:10.1111/jorc.12068

Johns, T. S., Yee, J., Smith-Jules, T., Campbell, R. C., & Bauer, C. (2015). Interdisciplinary care clinics in chronic kidney disease. *BMC Nephrology*, *16*(161). doi:10.1186/s12882-015-0158-6

Johnstone, S. (2015). Trends in social work. Nephrology social work meets integrated care: A partnership for the road ahead. *Nephrology News & Issues*, *29*(4), 38–42. Retrieved from http://www.nephrologynews.com/

Legood, A., McGrath, M., Searle, R., & Lee, A. (2016). Exploring how social workers experience and cope with public perception of their profession. *British Journal of Social Work*, *46*(7), 1872-1889.

Lizano, E. L. (2015). Examining the impact of job burnout on the health and well-being of human service workers: A systematic review and synthesis. *Human Service Organizations: Management, Leadership & Governance*, *39*(3), 167-181.

Lunyera, J., Kilonzo, K., Lewington, A., Yeates, K., & Finkelstein, F. O. (2016). Acute kidney injury in low-resource settings: barriers to diagnosis, awareness, and treatment and strategies to overcome these barriers. American journal of kidney diseases, 67(6), 834-840.

Maramaldi, P., Sobran, A., Scheck, L., Cusato, N., Lee, I., White, E., & Cadet, T. (2014). Interdisciplinary medical social work: A working taxonomy. *Social Work in Health Care*. *53*(6), 532–551. doi:10.1080/00981389.2014.905817

Marlow, N. M., Simpson, K. N., Kazley, A. S., Balliet, W. E., Chavin, K. D., & Baliga, P. K. (2016). Variations in coping stages for individuals with chronic kidney disease: Results from an exploratory study with patient navigators. Journal Of Health Psychology, 21(7), 1299-1310. doi:10.1177/1359105314551776

Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research? A review of qualitative interviews in IS research. *Journal of Computer Information Systems*, *54*(1), 11–22. Retrieved from iacis.org/jcis/jcis.php

McInnes, S., Peters, K., Bonney, A., & Halcomb, E. (2015). An integrative review of facilitators and barriers influencing collaboration and teamwork between general practitioners and nurses working in general practice. *Journal of advanced nursing*, *71*(9), 1973-1985.

McNiff, J., & Whitehead, J. (2010). *You and your action research project*. New York, NY: Routledge.

Merighi, J. (2013). Changes in dialysis social workers' caseloads, job tasks, and hourly wages since the implementation of new Medicare regulations for end stage renal disease facilities. Retrieved from https://sswr.confex.com/sswr/2013/webprogram/Paper18694.html

Merighi, J. R. (2014). Behavioral self-management of end-stage renal disease: Implications for social work practice. In , The handbook of behavioral medicine, Vols. 1-2 (pp. 871-891). Wiley-Blackwell. doi:10.1002/9781118453940.ch41

Merriam, S. (2014). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.

Morse, J. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. Retrieved from https://www.researchgate.net

Murray, L. K., Tol, W., Jordans, M., Zangana, G. S., Amin, A. M., Bolton, P., ... & Thornicroft, G. (2014). Dissemination and implementation of evidence based, mental health interventions in post conflict, low resource settings. *Intervention (Amstelveen, Netherlands)*, *12*(Suppl 1), 94.

Nabolsi, M. M., Wardam, L., & Al- Halabi, J. O. (2015). Quality of life, depression, adherence to treatment and illness perception of patients on haemodialysis. *International Journal of Nursing Practice*, *21*(1), 1–10. doi:10.1111/ijn.12205

Nancarrow, S. A., Booth, A., Ariss, S., Smith, T., Enderby, P., & Roots, A. (2013). Ten principles of good interdisciplinary team work. Human resources for Health, 11(1), 19.

National Alliance on Mental Illness. (2016). *Mental health conditions.* Retrieved from http://www.nami.org

National Association of Social Workers. (2008). *Code of Ethics of the National Association of Social Workers.* Retrieved from http://www.socialworkers.org/pubs/code/code.asp

National Kidney Foundation. (2016). About chronic kidney disease. Retrieved from https://www.kidney.org/kidneydisease/aboutckd

Naqvi, R. (2015). Evaluation of psychiatric issues in renal transplant setting. *Indian Journal of Nephrology, 25*(6), 321–325. doi:10.4103/0971-4065.165006

Noble, H. & Smith, J. (2015). Issues of validity and reliability in qualitative research. Evidence Based Nursing, 18 (2), pp. 3435. ISSN 13676539

O'Hare, A. M., Szarka, J., McFarland, L. V., Taylor, J. S., Sudore, R. L., Trivedi, R., ... & Vig, E. K. (2016). Provider perspectives on advance care planning for patients with kidney disease: Whose job is it anyway?. Clinical Journal of the American Society of Nephrology, 11(5), 855-866.

Olagunju, A. T., Campbell, E. A., & Adeyemi, J. D. (2015). Interplay of anxiety and depression with quality of life in end-stage renal disease. *Psychosomatics: Journal of Consultation and Liaison Psychiatry, 56*(1), 67–77. doi:10.1016/j.psym.2014.03.006

Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report, 13*(4), 695–705. Retrieved from http://nsuworks.nova.edu/tqr/vol13/iss4/8

Owens, R. (2015). Working together: Using group relations theory to understand and rethink the interplay between administrators and social work practitioners. *Journal of Social Work Practice, 29*(2), 231–238. doi:10.1080/02650533.2015.1021310

Oyekcin, D., Gulpek, D., Sahin, E.M., & Mete, L. (2012). Depression, anxiety, body image, sexual functioning, and dyadic adjustment associated with dialysis type in

chronic renal failure. *International Journal of Psychiatry Medicine. 43*: 227-241. doi:10.2190/pm.43.3.c

Peredaryenko, M. S., & Krauss, S. (2013). Calibrating the human instrument: Understanding the interviewing experience of novice qualitative researchers. *Qualitative Report, 18*(43), 117. Retrieved from www.nova.edu/ssss/QR/calls.html

Piercy, F. P., Franz, N., Donaldson, J. L., & Richard, R. F. (2011). Consistency and change in participatory action research: Reflections on a focus group study about how farmers learn. *Qualitative Report, 16*(3), 820–829. Retrieved from http://nsuworks.nova.edu/tqr/

Pirl, W. F., Fann, J. R., Greer, J. A., Braun, I., Deshields, T., Fulcher, C., ... & Wagner, L. (2014). Recommendations for the implementation of distress screening programs in cancer centers: report from the American Psychosocial Oncology Society (APOS), Association of Oncology Social Work (AOSW), and Oncology Nursing Society (ONS) joint task force. *Cancer, 120*(19), 2946-2954.

Preljevic, V., Osthus, T., Sandvik, L., Opjordsmoen, S., Nordhus, I., Os, I., & Dammen, T. (2012). Screening for anxiety and depression in dialysis patients: Comparison of the hospital anxiety and depression scale and the Beck depression inventory. *Journal of Psychosomatic Research, 73*(2), 139-144. doi:10.1016/j.jpsychores.2012.04.015

Reckrey, J. M., Gettenberg, G., Ross, H., Kopke, V., Soriano, T., & Ornstein, K. (2014). The critical role of social workers in home-based primary care. *Social Work in Health Care*, *53*(4), 330-343.

Saldaña, J. (2016). *The coding manual for qualitative researchers*. Sage.

Sanathan, S., Menon, V., Alla, P., Madhuri, S., Shetty, M., & Ram, D. (2014). Depressive symptoms in chronic kidney disease patients on maintenance hemodialysis. *World Journal of Pharmacy and Pharmaceutical Sciences, 3*(8), 535–548. Retrieved from http://www.wjpsonline.org/

Sangster-Gormley, E. (2015). Interprofessional collaboration: Co-workers' perceptions of adding nurse practitioners to primary care teams. *Quality in Primary Care, 23*(3), 122–126. Retrieved from http://www.scimagojr.com/journalsearch.php?q=17717&tip=sid

Sinclair, C., Holloway, K., Geoffrey Riley, A. M., & Auret, K. (2013). Online mental health resources in rural Australia: clinician perceptions of acceptability. *Journal of medical Internet research, 15*(9).

Song, M. K., Hanson, L. C., Gilet, C. A., Jo, M., Reed, T. J., & Hladik, G. A. (2014). Management of ethical issues related to care of seriously ill dialysis patients in free-standing facilities. *Journal of pain and symptom management, 48*(3), 343-352.

Stanhope, V., Videka, L., Thorning, H., & McKay, M. (2015). Moving toward integrated health: An opportunity for social work. *Social Work in Health Care, 54*(5), 383–407. doi:10.1080/00981389.2015.1025122

Sellars, M., Tong, A., Luckett, T., Morton, R. L., Pollock, C. A., Spencer, L., ... & Clayton, J. M. (2017). Clinicians' Perspectives on Advance Care Planning for Patients With CKD in Australia: An Interview Study. American Journal of Kidney Diseases.

Strand, H., & Parker, D. (2012). Effects of multidisciplinary models of care for adult pre-dialysis patients with chronic kidney disease: A systematic review. *International Journal of Evidence-Based Healthcare, 10*(1), 53–59. doi:10.1111/j.1744-1609.2012.00253.x

Stringer, E. (2014). *Action research*. Thousand Oaks, CA: Sage Publications

Supiano, K., & Berry, P. (2013). Developing interdisciplinary skills and professional confidence in palliative care social work students. *Journal of Social Work Education., 49.* 387–396. doi:10.1080/10437797.2013.796851

Thomas, M., Kohli, V., & Choi, J. (2014). Correlates of job burnout among human services workers: Implications for workforce retention. *J. Soc. & Soc. Welfare*, *41*, 69.

Travis, D. J., Lizano, E. L., & Mor Barak, M. E. (2015). 'I'm So Stressed!': A Longitudinal Model of Stress, Burnout and Engagement among Social Workers in Child Welfare Settings. *The British Journal of Social Work*, *46*(4), 1076-1095.

Uglešić, B., Ljutić, D., Lasić, D., Jeličić, I., Višić, V., Glavina, T., & Meter, A. (2015). Depression and serum interleukin-6 levels in patients on dialysis. *Psychiatria Danubina, 27*(2), 168–173. Retrieved from http://www.hdbp.org/psychiatria_danubina/index.html

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, *15*(3), 398–405.

Visser, M., Deliens, L., & Houttekier, D. (2014). Physician-related barriers to communication and patient-and family-centred decision-making towards the end of life in intensive care: a systematic review. *Critical Care*, *18*(6), 604.

Vogus, T. J., Cull, M. J., Hengelbrok, N. E., Modell, S. J., & Epstein, R. A. (2016). Assessing safety culture in child welfare: Evidence from Tennessee. *Children and Youth Services Review*, *65*, 94-103.

Vungkhanching, M., & Tonsing, K. N. (2016). Social Workers' Perceived Role Clarity as Members of an Interdisciplinary Team in Brain Injury Settings. *Journal of social work in disability & rehabilitation*, *15*(3-4), 370-384.

Wagaman, M. A., Geiger, J. M., Shockley, C., & Segal, E. A. (2015). The role of empathy in burnout, compassion satisfaction, and secondary traumatic stress among social workers. Social work, 60(3), 201-209.

Weller, J., Boyd, M., & Cumin, D. (2014). Teams, tribes and patient safety: overcoming barriers to effective teamwork in healthcare. *Postgraduate medical journal*, *90*(1061), 149-154.

Yardley, L., Morrison, L., Bradbury, K., & Muller, I. (2015). The person-based approach to intervention development: application to digital health-related behavior change interventions. *Journal of medical Internet research*, *17*(1).

Yong, K., Sauer, S. J., & Mannix, E. A. (2014). Conflict and creativity in interdisciplinary teams. *Small Group Research, 45*(3), 266-289.

Zhang, J., Zhang, P., Ni, X., Bao, B., Huang, C., Wu, Y., &... Chen, J. (2014). Vitamin D status in chronic dialysis patients with depression: A prospective study. *BMC Psychiatry, 14* doi:10.1186/1471-244X-14-125

Appendix A: Telephone Script

Hi _____ (potential participant), my name is Dominique Spigner. I am a doctoral candidate at Walden University. I am conducting an action research project about understanding the roles of social workers in a dialysis setting. I would like to invite you to become a participant in my action research project by actively engaging in focus group sessions, which will last from thirty minutes to an hour. In this study, I would like to understand the roles of clinical social workers when providing consultation to the interdisciplinary team members on how to properly identify and respond to patients with mental illnesses. You do not have to accept this invitation right away to become a participant in this study. If it is okay with you, I will send a follow-up email in which you can state your willingness to participate in this study. I look forward to your response.

–Dominique Spigner (Facilitator).

Appendix B: Follow-up Email

Hi _____ (potential participant), thank you for taking time to speak with me earlier today. I wanted to follow up with you to see if you made a decision on if you are interested in being a participant in this study. As mentioned in our phone conversation, in this study, I would like to understand the roles of clinical social workers when providing consultation to the interdisciplinary team members on how to properly identify and respond to patients with mental illnesses. If you accept this invitation to become a participant in this study, the first focus group session will be held at: _____. Thank you again for your time and prompt response. I look forward to meeting with you!

–Dominique Spigner (Facilitator).

Appendix C: Focus Group Questions

Demographics:

1. How long have you worked for this dialysis center?
2. Are you currently employed *full-time* or *part-time* at the dialysis center?
3. What is the educational degree you currently hold?
4. What titles do you currently possess at your place of employment?

Problem Definition:

5. What have you heard about this clinical social work problem?
6. How do you feel about the clinical social work problem?
7. Please discuss any procedures currently in place for the clinical social worker when providing consultation to the interdisciplinary team members?
8. How do you identify and respond to patients with mental illnesses?
9. What are your thoughts on how the interdisciplinary team members responds to patients with mental illnesses?
10. What have you previously observed on how the interdisciplinary team members interfaces with patients with mental illnesses? What are your experiences when you provide training and education to the interdisciplinary team members?

Problem Resolution:

11. Are there any communication barriers between yourself and the interdisciplinary team members?

12. When providing services to patients with mental illness, what are your experiences with the interdisciplinary team members consult with you regarding a patient's symptoms?
13. Summarize the discussion, debrief, and discuss agreed on next steps for participants.

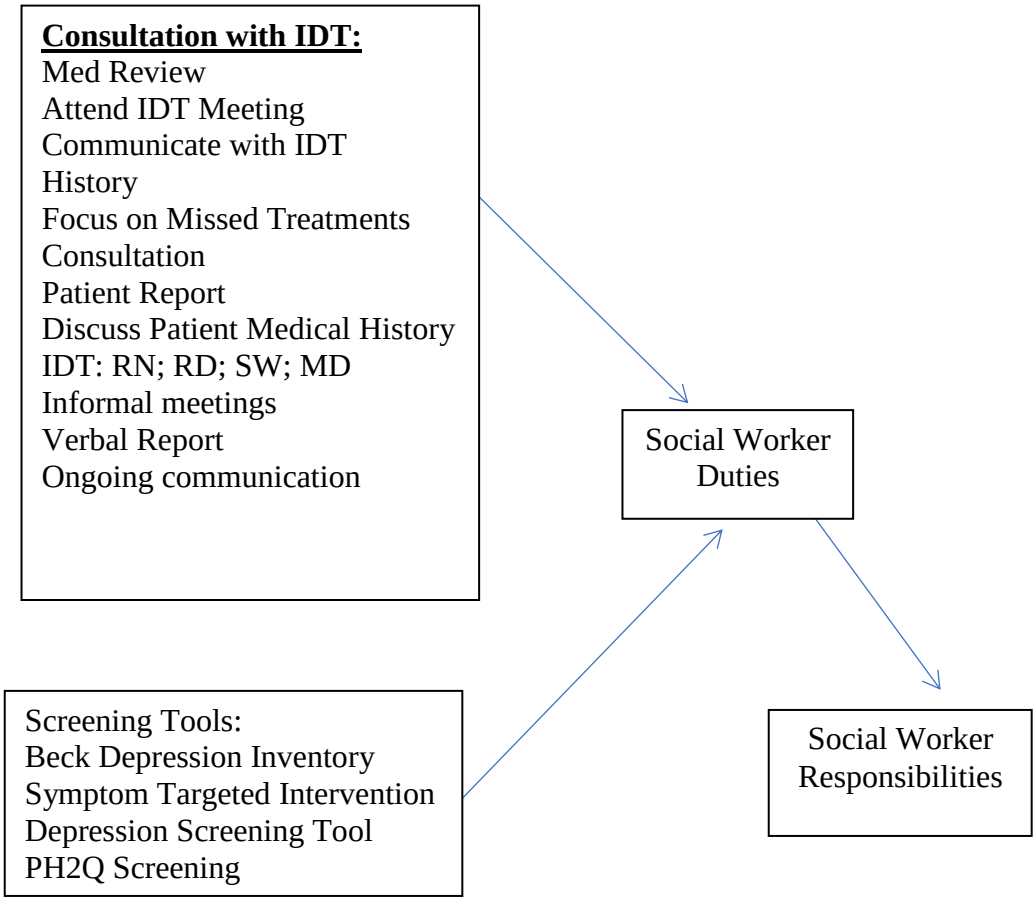
Appendix D: Reflexive Journal

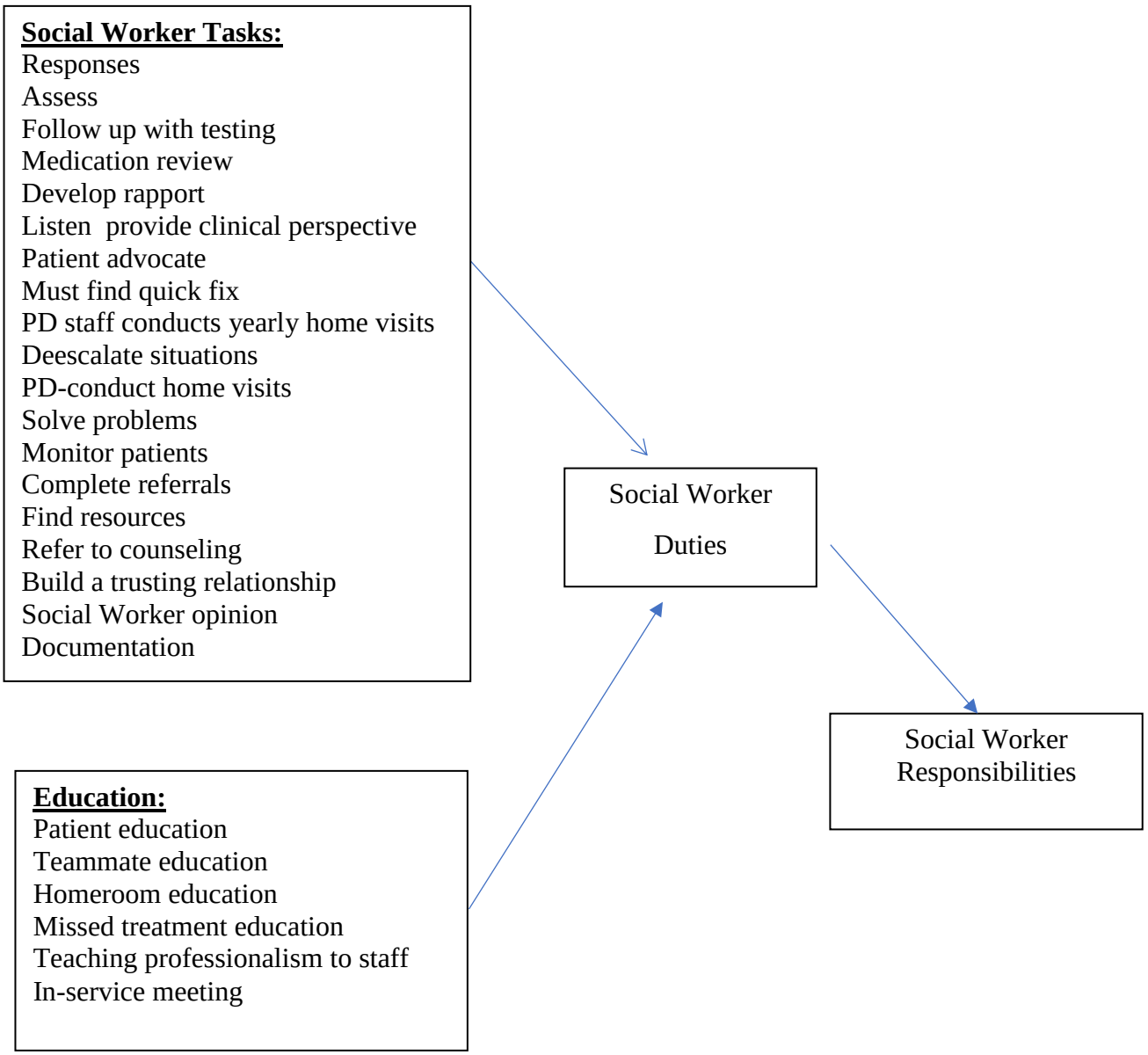
Date	**Activity**	**Personal Reaction**	**Reflection**	**Action Needed**
Ex: 07/20/16	Ex: Sampling.	Ex: Nervous, Feeling Some Apprehension	Ex: Feeling nervous is normal as I have not completed independent research before.	Ex: I will review the telephone script before making the first phone call to make sure I feel comfortable with the script.
01/12/2017	Second Focus Group Session/After Speaking to Participants	I feel like I received a great amount of information regarding my clinical social work problem. I feel that I have learned so much in just this one session about the clinical social work problem.	I feel like each participant gave detailed responses that will assist me in my research. At the end of this session I found myself so grounded in my research. I want to find out more about this topic. I feel eager to speak with the participants again. I feel the participants were feeling a sense of relief that they could speak to someone about this topic and feel understood. I also could relate to the participants on a personal level and felt a personal and	Schedule the next focus group sessions. Identify any follow questions that may need to be asked in the next session.

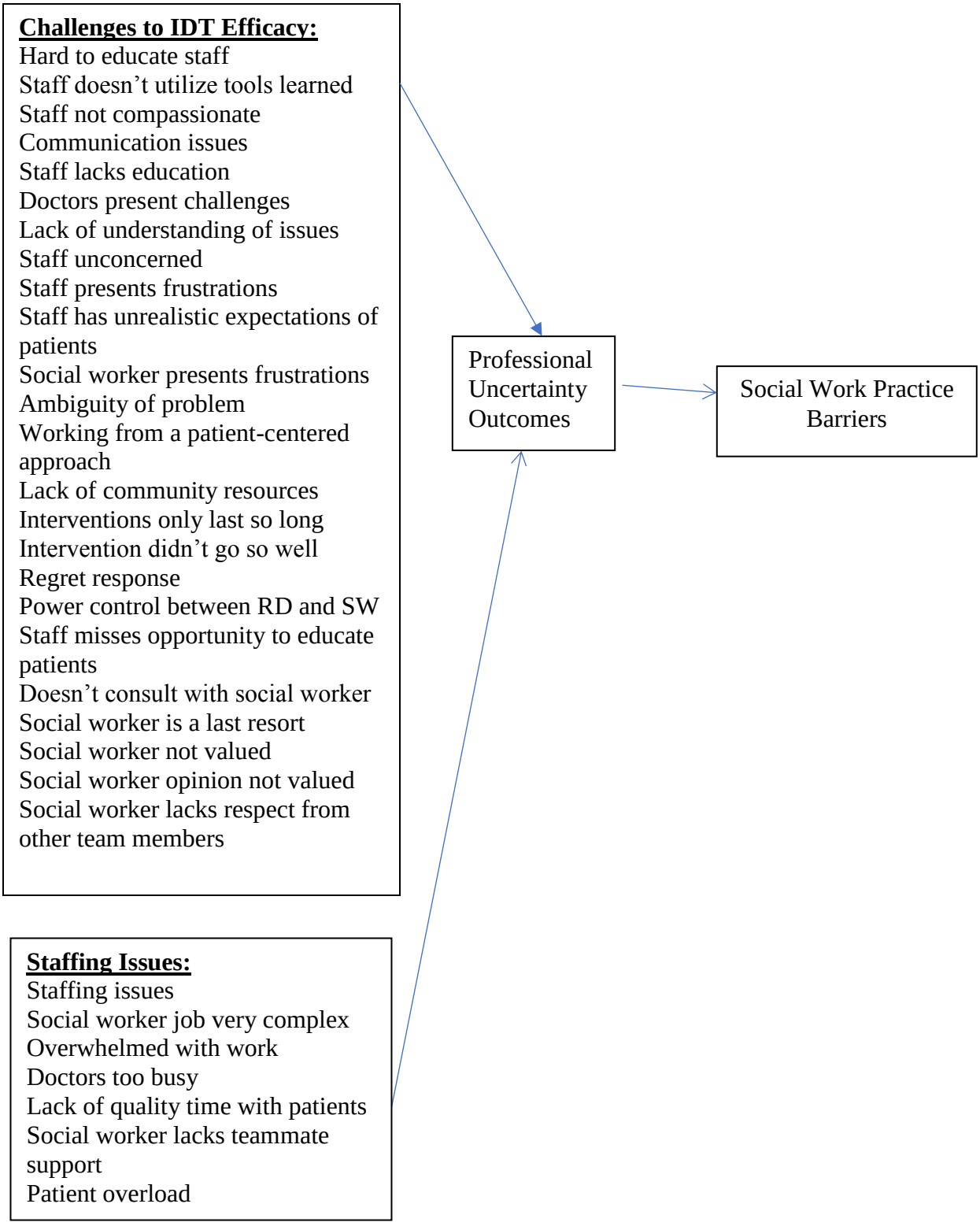
			emotional connection due to my professional status as a social worker.	

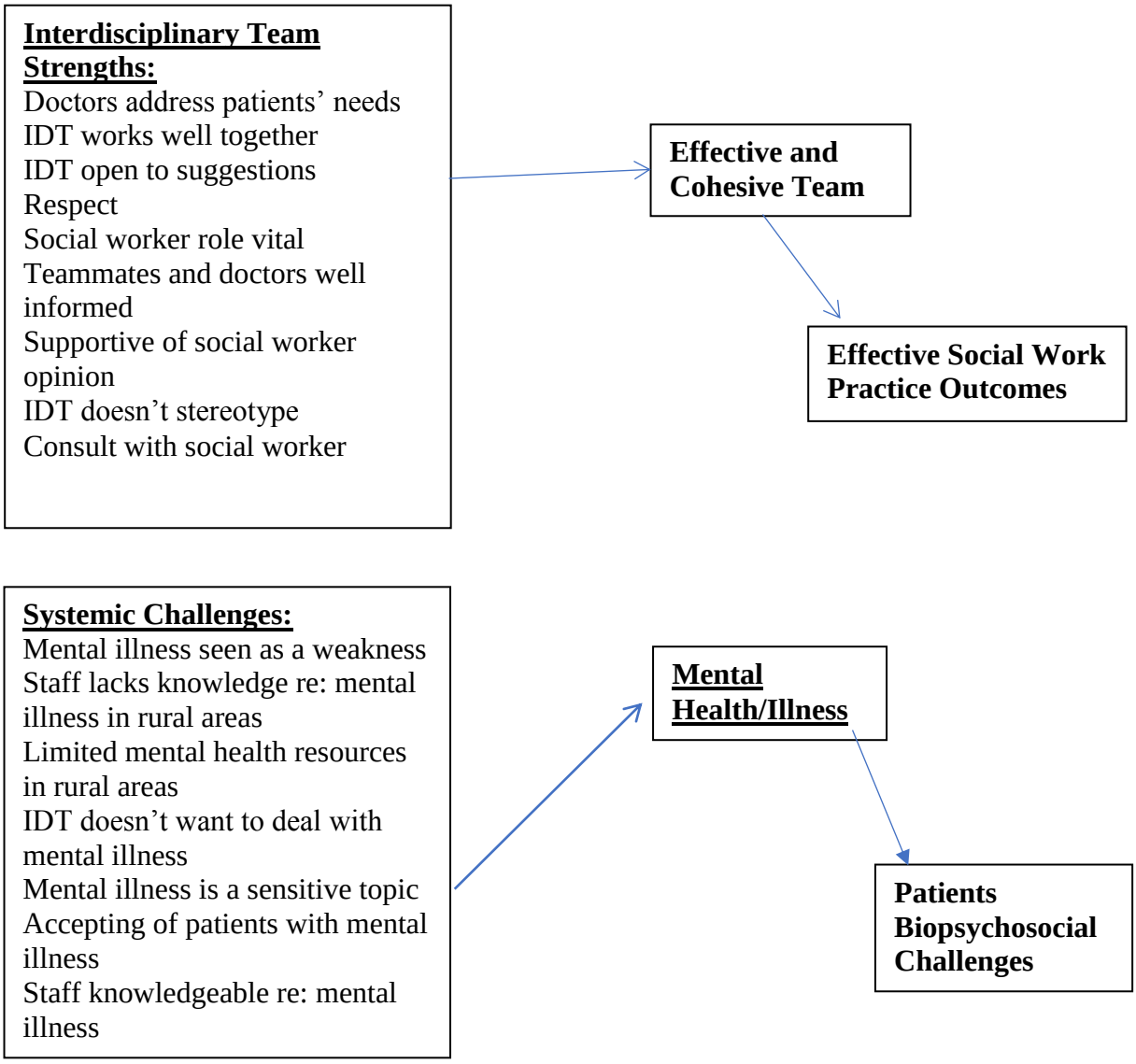
Appendix E: Thematic Analysis

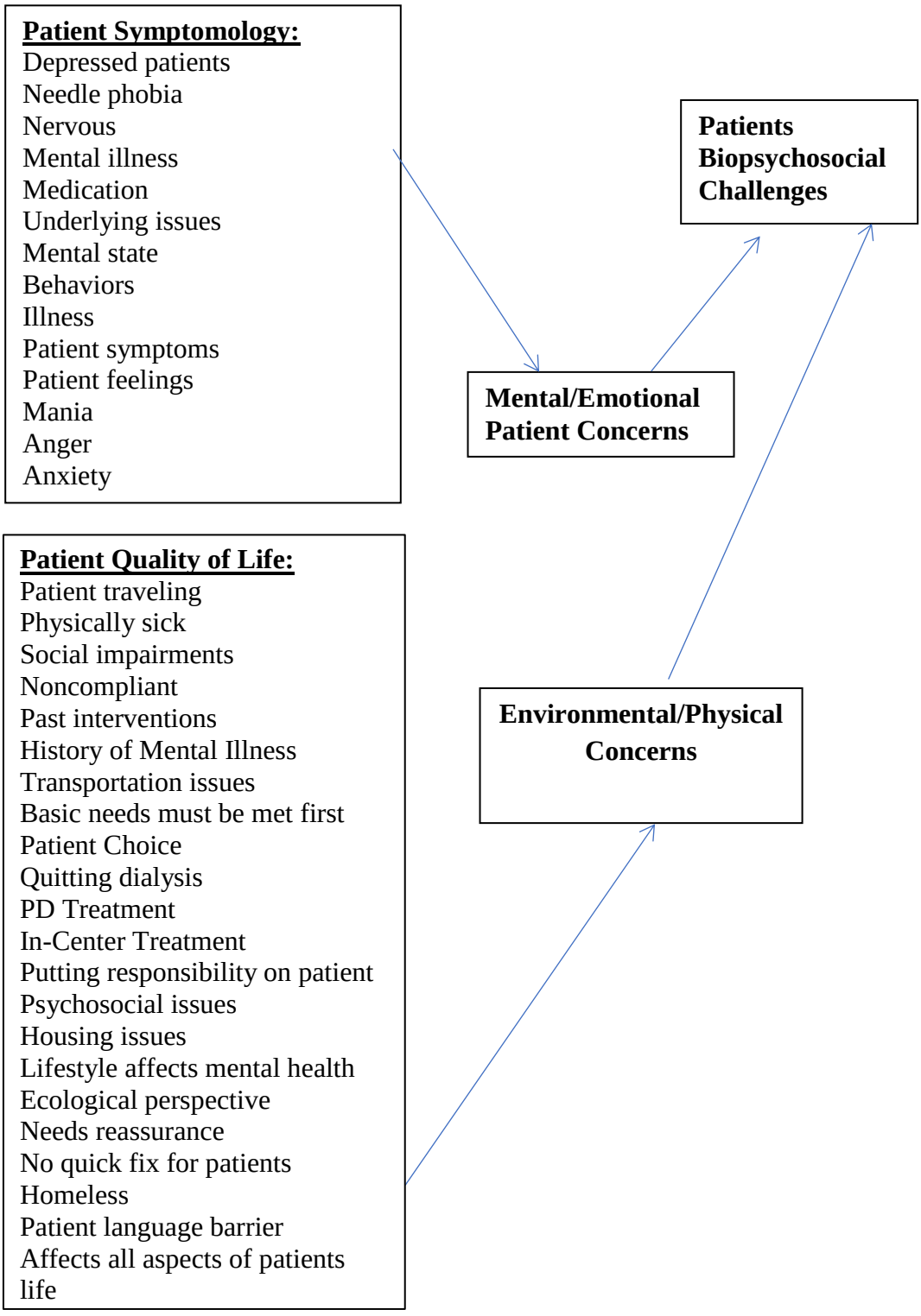
Coding Chart




Social Worker Tasks:
Responses
Assess
Follow up with testing
Medication review
Develop rapport
Listen provide clinical perspective
Patient advocate
Must find quick fix
PD staff conducts yearly home visits
Deescalate situations
PD-conduct home visits
Solve problems
Monitor patients
Complete referrals
Find resources
Refer to counseling
Build a trusting relationship
Social Worker opinion
Documentation
Social Worker Duties
Social Worker Responsibilities
Education:
Patient education
Teammate education
Homeroom education
Missed treatment education
Teaching professionalism to staff
In-service meeting


Challenges to IDT Efficacy:
Hard to educate staff
Staff doesn't utilize tools learned
Staff not compassionate
Communication issues
Staff lacks education
Doctors present challenges
Lack of understanding of issues
Staff unconcerned
Staff presents frustrations
Staff has unrealistic expectations of patients
Social worker presents frustrations
Ambiguity of problem
Working from a patient-centered approach
Lack of community resources
Interventions only last so long
Intervention didn't go so well
Regret response
Power control between RD and SW
Staff misses opportunity to educate patients
Doesn't consult with social worker
Social worker is a last resort
Social worker not valued
Social worker opinion not valued
Social worker lacks respect from other team members
Staffing Issues:
Staffing issues
Social worker job very complex
Overwhelmed with work
Doctors too busy
Lack of quality time with patients
Social worker lacks teammate support
Patient overload
Professional Uncertainty Outcomes
Social Work Practice Barriers


Interdisciplinary Team Strengths:
Doctors address patients' needs
IDT works well together
IDT open to suggestions
Respect
Social worker role vital
Teammates and doctors well informed
Supportive of social worker opinion
IDT doesn't stereotype
Consult with social worker
Effective and Cohesive Team
Effective Social Work Practice Outcomes
Systemic Challenges:
Mental illness seen as a weakness
Staff lacks knowledge re: mental illness in rural areas
Limited mental health resources in rural areas
IDT doesn't want to deal with mental illness
Mental illness is a sensitive topic
Accepting of patients with mental illness
Staff knowledgeable re: mental illness
Mental Health/Illness
Patients Biopsychosocial Challenges


Patient Symptomology:
Depressed patients
Needle phobia
Nervous
Mental illness
Medication
Underlying issues
Mental state
Behaviors
Illness
Patient symptoms
Patient feelings
Mania
Anger
Anxiety
Patients Biopsychosocial Challenges
Mental/Emotional Patient Concerns
Patient Quality of Life:
Patient traveling
Physically sick
Social impairments
Noncompliant
Past interventions
History of Mental Illness
Transportation issues
Basic needs must be met first
Patient Choice
Quitting dialysis
PD Treatment
In-Center Treatment
Putting responsibility on patient
Psychosocial issues
Housing issues
Lifestyle affects mental health
Ecological perspective
Needs reassurance
No quick fix for patients
Homeless
Patient language barrier
Affects all aspects of patients life
Environmental/Physical Concerns